IT’S A GREAT TIME TO BE A PSYCHIATRIST
Matthew Macaluso, D.O., director of residency training program
Brooke Lochmann, D.O., chief resident

Nationally, there is a renewed interest in psychiatry as choice of specialty among medical students. This is evidenced by the fact that psychiatry has been more competitive in the national residency match over the last five years and has seen larger numbers of American medical graduates match to slots in psychiatry residency training programs. According to the National Residency Matching Program, 57.2 percent of candidates who matched into psychiatry in 2015 were American medical graduates. This number is comparable to neurology and physical medicine and rehabilitation, and greater than family medicine and internal medicine. Locally, our program has seen applications rise from approximately 700 per year to more than 1,300 per year over the last two years.

The renewed interest in psychiatry may be the result of a breakdown in stigma. Medical students now have a greater understanding of the biological underpinnings of psychiatry, and society recognizes mental illness is no different than other medical conditions in that both have a biologic basis and treatment. Recent literature explaining how psychotherapy changes the brain in much the same way as medication has also contributed to this understanding.

The job market for psychiatry is excellent at present and graduating psychiatrists can enter a variety of fellowship or focus of practice. Over 45,000 new psychiatrists will be needed to fill a gap caused by an aging population, as 46 percent of psychiatrists in the United States are over 55 years of age. The average starting salary for psychiatrists out of residency is greater than the average salary for many primary care specialties, and a career in psychiatry offers lifestyle advantages when compared to other medical specialties including a quality work/life balance.

For additional information on the psychiatry residency program, contact Mike Parmley, residency program coordinator, at mparmley@kumc.edu.

We were proud to support the Alzheimer’s Association’s 4th annual Kansas Education Conference on Dementia. The event took place Nov. 17, 2015, but Ryan Schroeder, Psy.D., neuropsychologist, began working long before then on the Alzheimer’s Association Education Committee, the group responsible for organizing the conference. In addition to his committee work, Dr. Schroeder provided the comprehensive keynote lecture “Under the Dementia Umbrella.” Also featured at the conference were KUSM-W faculty Robin Heinrichs, Ph.D., neuropsychologist, who presented “Behaviors Amongst the Different Dementias,” and Matthew Macaluso, D.O., psychiatrist, who presented “Pharmacologic Treatment of Alzheimer’s Disease.”

Neuropsychology trainees distributed information on dementia-related clinical services and research opportunities offered by KUSM-W to over 400 people who attended from Kansas, Nebraska, Oklahoma, and Texas.
In addition to being academically gifted, KU medical students have various other talents as showcased at the Annual Student Talent Show, sponsored by the Student Coordinating Council on Nov. 20. Talents ranged from singing to playing piano, guitar, and violin.

Medical students spend four weeks on the psychiatry clerkship, and can request additional exposure in a subinternship or elective.

This year, two students experienced a month in the life of a first-year resident by completing subinternships in consult/liaison and child/adolescent. Electives, which can be for two or four weeks, were taken in outpatient, child/adolescent and adult inpatient psychiatry. Students also participated in special topics electives such as addiction and hospice care.

Every year we look forward to recognizing medical students who have had noteworthy accomplishments in the psychiatry clerkship. The top three students in the clerkship and the student with the highest score on the subject exam are recognized at the Medical Student Recognition Ceremony.

The Ron Martin, M.D., Scholarship for Medical Student Education offers a $150 award for the best performance in a clerkship; $250 award for best performance in an elective; and $600 for the best paper.

We are thrilled to have received five applications from the class of 2016 for residency in the KU School of Medicine-Wichita psychiatry program, and look forward to Match Day to find out where they land.

CONGRATULATIONS
Tara Richardson, M.D., PGY 3 resident, and her husband, Tyler, on the birth of their daughter, Ava Scarlett, on July 8.
Nicole Klaus, Ph.D., and her husband, Martin, on the birth of their son, Evan, on Sept. 9.
Brooke Lochmann, D.O., PGY 4 resident, and her husband, Austin, on the birth of their daughter, Katherine “Kate” Austin, on Dec. 8.
Lyle Baade, Ph.D., ABPP Cn, on “Two Chairs: Fins and Feathers” a joint art exhibit with Brian Pate, M.D., pediatrics department chair.
Ryan Schroeder, Psy.D. – “Individualized Music Therapy for the Treatment of Behavioral Symptoms in Dementia” grant approval and funding.

PRESENTATIONS
Ryan Schroeder, Psy.D., was an invited speaker for the Southwest Kansas Area Agency on Aging’s 2015 Fall Conference. His presentation was “Current Trends in Early Diagnosis and Treatment of Alzheimer’s,” Sept. 30 in Dodge City, Kansas.
Matthew Macaluso, D.O., and Mathias Lillig, M.D., presented at the Family Medicine conference on Dec. 4 in Wichita. Dr. Macaluso presented “Pharmacologic Treatments for Bipolar Disorder” and Dr. Lillig presented “Pediatric Depression.”
It is common to notice changes in our thinking and memory abilities as we grow older, because just as our bodies age, so do our brains. We may notice that it becomes more difficult to remember new information or to recall a person’s name. It may take longer to think through problems, focus our attention, or remember where we’ve placed our belongings. These normal age-related changes can be annoying, but they don’t typically interfere with our daily functioning. However, if these changes are significant enough to impact daily life, cause others to be concerned, or appear to be getting worse with time, it may be time to be evaluated by a professional.

There are a number of possible causes for memory and thinking problems. Some causes are reversible and when treated, can lead to improvements in memory and thinking. These modifiable causes include medication side effects, sleep deprivation, vitamin deficiencies, depression, and anxiety. However, some memory and thinking problems continue to get worse over time, which may indicate the presence of dementia. Dementia is an umbrella term that usually means a permanent decline in thinking abilities and impairments in daily functioning. Alzheimer’s disease is by far the most common cause of dementia, but Frontotemporal disease, dementia with Lewy Bodies, cerebrovascular disease, Parkinson’s disease, HIV/AIDS, and chronic alcohol abuse all can impact the way the brain functions. These different causes of dementia lead to different signs and symptoms beyond memory difficulties.

When changes in thinking abilities appear, it can be helpful to discuss these changes with your physician, who may refer you for a neuropsychological evaluation to help with diagnosis and treatment planning. Neuropsychologists use tests that are very sensitive to even mild changes in memory and thinking. These tests can help to determine if the memory and thinking problems are due to normal aging, mood problems, or are signs of a dementia. Neuropsychological testing can be particularly helpful in the early stages of dementia when problems with thinking and memory can be mild and may be difficult to detect even after a thorough medical work-up. Unlike shorter screening tests used to detect memory problems in many doctors’ offices, neuropsychological tests allow the neuropsychologist to examine a variety of thinking abilities and compare a patient’s abilities to those of others the same age. This information is combined with information given by the patient and his or her family to determine which areas of thinking have gotten worse, and by how much they have declined. Neuropsychologists also provide recommendations to the patient and family members regarding the best ways to manage the disease going forward.

When it comes time to managing the disease, there are many courses of action that patients and families may take. The first is medication. Some drugs allow patients to function better for longer as the disease progresses, but these drugs only work for a period of time, and they may not work at all for some people. Unfortunately, these medications are not a cure and do not stop the disease. For people who do not respond to currently marketed drugs, or who are searching for other alternatives, a clinical trial may be an option they explore. Another approach focuses on the patient’s physical health and behavior modifications. This approach begins with controlling chronic diseases like high blood pressure, cholesterol, and diabetes, as these disorders affect the amount of blood and nutrients that get to the brain. Next, it can help to keep the brain active by completing cognitive tasks like crossword puzzles, reading, and socializing with other people. Getting enough sleep and increasing physical activity such as walking, swimming, gardening, or dancing are also good for the brain. Finally, some may find it useful to develop some compensatory strategies. Making to-do lists, using memory aids like calendars or a book to write important information in, and having a special place for important items (e.g., keys and glasses) all help by minimizing the amount of information to remember.

For more information on neuropsychology evaluations, contact the KU Memory and Cognition Clinic at 316-293-2647. For information on our clinical trials, contact the KU Wichita Clinical Trial Unit at 316-293-1833.
NEUROSURGERY IN PSYCHOLOGY TRAINING?

It’s true. KU psychology trainees have the opportunity to observe neurosurgery, accompanied by Neuropsychology Training Program Director Robin Heinrichs, Ph.D., LP, ABPP Cn, a board certified clinical neuropsychologist.

Dr. Heinrichs specializes in epilepsy and works with Drs. Aamr Herekar and Ricky Lee at Via Christi who specialize in treating patients with difficult to manage seizure disorders. Through neuropsychological evaluation, Dr. Heinrichs helps to better understand each patient’s cognitive and emotional functioning. Neuropsychology interns and fellows are involved in this process, learning the neuropsychology of epilepsy.

Surgery is considered for some patients who continue to have seizures despite trying multiple medications. Dr. Heinrichs and the trainees play an important role in pre-surgical evaluation for these patients. The Intracarotid Sodium Amobarbital Test (Wada) is conducted to localize language and better understand memory functioning in the patient. This procedure is done with Dr. Kumar Reddy, an interventional radiologist who administers sodium amytol to one hemisphere of the brain while a neuropsychologist tests the residual abilities of the other hemisphere. The results of the Wada procedures, along with MRI and PET scans, and the results of video EEG monitoring, lead to determination of whether a patient is a good candidate for surgery.

Most surgical patients undergo temporal lobectomy performed by Dr. Nazih Moufarrij, who removes the site of onset for their seizures. If the patient was found to have language in the hemisphere to be resected, the patient remains awake during neurosurgery so that intra-operative mapping can be done to identify eloquent areas of the brain. Dr. Heinrichs is involved in this process, and psychology trainees are able to observe and gain experience. In addition to mapping for epilepsy patients, neuropsychology trainees are involved in awake-mapping for select patients with tumors in areas thought to be eloquent for language.

We are pleased to be able to train the next generation of neuropsychologists who will help provide this important care in our community, and across the country.

Robin Heinrichs, Ph.D., ABPP Cn Director of neuropsychology training