Volume 2 Number 1 March 2004

FORENSIC PSYCHIATRY IN KANSAS

Mental health providers have fought long and hard for the availability of quality mental health services for Kansans. In recent years, a new population of patients has been the focus of concern for quality mental health care. The latest study involving mental health courts, the impact of civil litigation due to suicide in correctional facilities, and an understanding of the economic impact of the sexually violent predator program, have contributed to the increasing recognition of forensic issues in the state of Kansas. The recent report by the Kansas Governor's Mental Health Services Planning Council Forensic Subcommittee highlighted specific issues to be addressed in the upcoming year.

The forensic subcommittee is composed of various representatives from state hospitals, county department of corrections, clinical providers, state department of corrections, juvenile justice authority, prison health services, and community mental health centers. The subcommittee defines the forensic population as adults and children with mental illness who are at risk of entering or have already entered the criminal or juvenile justice system. This diverse group is committed to identifying serious problems associated with the forensic mental health system and bringing them to the attention of the Governor's Mental Health Services Planning Council with recommendations for solutions.

This past year, prioritization of forensic issues was based on data collected by state hospitals and correctional setting visits, research of forensic data available, review of past forensic subcommittee priorities, and input by committee members. Issues that might incur potential cost savings to the state of Kansas were also considered as priority. Four recent initiatives include:

- Provide a comprehensive study of the forensic population in Kansas' jails.
- Initiate a comprehensive review process of Kansas Criminal Mental Health Statutes.
- Support growth in the state's forensic program.
- Continue cross training between mental health providers, law enforcement personnel, and substance abuse counselors.

For more information on the Governor's Mental Health Services Planning Council Forensic Subcommittee Report, please link to the Kansas SRS site:
http://www.srskansas.org/hcp/MHSIP/pdf/GOVERNOR%20forensic%20subcommittee%20report03.pdf

Best wishes,

Bradley D. Grinage, MD

THIS IS YOUR NEWSLETTER

Let us hear from you!

Contact: Mary Spachek
Call: 316/293-2669
Write: 1010 N. Kansas,
Wichita, KS 67214
E-mail: mspachek@kumc.edu

COMMUNICATOR ON LINE

Share the Communicator without giving up your copy. It can viewed at: http://wichita.kumc.edu/psych/ Archived issues can also be viewed.

Looking To Improve Cognition In Schizophrenia and Schizoaffective Disorder Patients

By Ahsan Khan, MD

The first generation of antipsychotics was discovered in 1950, and welcomed by millions of individuals suffering from psychotic disorders. Before the advent of these medications, options for the treatment of psychotic illnesses were limited and included hydrotherapy, insulin and electroconvulsive shock, and even spinning chairs in the 1800's. While a welcomed step forward, first generation of antipsychotics had limited efficacy in treating negative, cognitive and mood symptoms as well as associated with serious and often intolerable side effects. That changed in the United States in 1990 with the marketing of clozapine (Clozaril).

Clozapine in turn gave rise to a new class of medications termed "atypical antipsychotics." This second wave of antipsychotics is generally more selective in their D2 blockade than older, "conventional" antipsychotics, targeting mesolimbic and mesocortical pathways and sparing nigrostiatal and tuberoinfundibular/hypothalamic tracts to avoid producing EPS and hyperprolactinemia. The broader efficacy of atypical antipsychotics on positive, negative and mood symptoms has made them drugs of choice to treat schizophrenia and other psychotic disorders.

Although cognitive deficits in schizophrenia are well recognized, they have not given the same importance as positive and negative symptoms until recently. Deficits in memory, attention and executive function are present at or before the first onset of psychosis and continue throughout the course of the illness. Impairment in cognitive functions has a substantial negative impact on social and vocational outcomes observed in patients with schizophrenia. Intact attention, short-term memory, and the ability to learn new information or skills are all vital for effective psychotherapy, social skills training and vocational rehabilitation.

The basal forebrain cholinergic system and its projections are important in cognitive processing, particularly learning and memory. There is evidence to support abnormalities in the cholinergic system in schizophrenia, including decrease in acetycholinetransferase in pons, straitum and basal ganglia. Since general cognition includes attention, memory and executive function, and is impaired in schizophrenia and other psychotic disorders, increasing cholinergic activity has the potential to improve cognitive function in these patients. That is the basic rationale behind doing a current study about the effect of adding a cholinesterase inhibitor to the treatment regimen of patients with schizophrenia who are under reasonable control in terms of the psychotic component of their illness.

To date there have been no large scale, controlled studies of such drugs in the treatment of cognitive impairment associated with schizophrenia. This time, Psychiatric Research Institute is participating in a 12-week multi-center, randomized, double blind, and placebo-controlled evaluation of donepezil hydrochloride as adjunctive therapy, in the treatment of cognitive impairments in patients with schizophrenia or schizoaffective disorder.

There is no use of investigational medication during the study. Participants will remain on their current medications during the course of the study. I am working as principal investigator for this study, and Michele Erickson is the coordinator. For more information about this study, please call Michele Erickson or me at 316-291-4774.

First Annual George Dyck Endowed Lectureship

The first annual George Dyck Endowed Lectureship was held Nov. 11, 2003. George Grossberg, MD, presented the lecture, "Can We Prevent Alzheimer's Disease: Recent Undertakings and Potential Breakthroughs." Dr. Grossberg, an internationally known geriatric psychiatrist, is the Samuel W. Fordyce Professor and Director of Geriatric Psychiatry at Saint Louis University School of Medicine. Dr. Grossberg started the first Alzheimer's disease Community Brain Bank in 1985, has published extensively, is a former president of the American Association of Geriatric Psychiatry, and is currently the president of the International Psychogeriatric Association. His lecture was presented as part of the Psychiatry Grand Round series, with special invitation to community geriatricians, neurologists, and other professionals involved in the care of patients with dementia.

The George Dyck Endowed Lectureship was established in 2003 to honor the outstanding career contributions of George Dyck, MD. *(See related story.)* Dr. Dyck retired from active practice at the University of Kansas School of Medicine-Wichita in 2001, after a lengthy career in psychiatry and medical education. The lectureship will bring prominent researchers and leaders from across the country and around the world to Wichita to present the latest findings in topics of geriatric psychiatry.

George Grossberg, MD, George Dyck, MD, Edna Dyck and Connie Marsh, MD at the first annual George Dyck Endowed Lectureship.

Moonflower (Datura Inoxia) Intoxication

By Mohamed Ramadan, MD, Third-Year Resident

Psychiatric emergencies are a common and serious problem; goals of the intervention are rapid evaluation, containment and referral. Clinicians are called on to assess and manage agitation and acute psychosis. Reaching accurate diagnosis must be emphasized. In order to do that, physicians should start with a differential diagnosis that includes psychiatric disorders and medical reasons in patients with psychiatric presentations. Mechanisms that lead to agitation also predispose to impulsivity, aggression and psychosis. This patient population needs careful and special approach to evaluate and treat. This report will discuss another cause of substance intoxication and abuse that presented with acute psychosis, agitation and impulsivity to increase the awareness of the possible toxicity from the use of moonflower (Datura inoxia).

Datura inoxia, one of several plants known commonly as "moonflowers"
Photo/R Goets, Cincinnati Drug and Poison Information Center

In 2003, the University of Kansas School of Medicine-Wichita Department of Psychiatry and Behavioral Sciences, both inpatient and consultation/liaison services, treated two cases of intentional exposure to the toxic seeds of a moonflower. We describe intoxication of Datura inoxia because toxicity differs for various moonflower plants.

Two patients in their twenties became ill shortly after eating Datura inoxia seeds, which contain high concentration of scopolamine and hyoscyamine and can cause anticholinergic symptoms. Both patients reported to the emergency department with acute psychosis and manifestations of anticholinergic syndrome that included central effects such as confusion, agitation, anxiety, and hallucinations, in addition to peripheral toxic effects, such as dry mucous membranes, thirst, flushed face, blurred vision, hyperthermia, urinary retention, tachycardia and decreased intestinal motility. The first patient was admitted to Good Shepherd Hospital, Wichita, Kan. and the other to Via Christi Regional Medical Center-St. Joseph campus intensive care unit. Treatment was mainly supportive care with intravenous fluids, gastrointestinal decontamination and benzodiazepines as needed for agitation. The patient admitted to Via Christi-St. Joseph needed mechanical restraints for extreme agitation and the possibility he'd hurt himself. After 48 hours, both patients recovered gradually and completely from the intoxication. However, in severe cases, patients may have seizures and coma. Also, Physostigmine can be used as an antidote in severe cases.

It is noteworthy that Datura inoxia is not on the U.S. Drug Enforcement Agency's list of controlled substances. Both patients obtained it from fields near where they lived. The user of such substance can eat it or drink tea brewed using the seeds. These two cases represent another form of substance abuse in the eastern Kansas area and may be related to the increasing knowledge of moonflower's hallucinogenic effect and the availability of this plant.

This report highlights the potential toxic effects from the use of Datura inoxia. The community should be aware of the effects and the need of medical intervention, if an exposure occurs. It is important that local and state health departments, and health care providers be aware of this type of drug abuse/ intoxication and include it in the differential diagnoses of agitation, acute psychosis and substance intoxication.

George Dyck Endowed Lectureship in Psychiatry Update

By Mary Spachek

The Department of Psychiatry and Behavioral Sciences has started the George Dyck Endowed Lectureship in Psychiatry. The goal is to raise $75,000 to achieve a permanently endowed lecture series in geropsychiatry. The lectureship series started with $50,000 and the department has raised an additional $4,500.

You can honor an important Kansas psychiatrist and ensure continued high level geropsychiatry education of physicians in south central Kansas, by making a tax deferred contribution to the George Dyck Endowed Lectureship in Geropsychiatry, KUSM-W Endowment Association, 1010 N. Kansas, Wichita, KS 67214.

For more information, contact the Department of Psychiatry and Behavioral Sciences, at 316-293-2669 or visit our Web site at http://wichita.kumc.edu/psych.

MARK YOUR CALENDARS

KPS CONFERENCE APRIL 23, 2004

The groundwork has been laid and the building has started for the 2004 Kansas Psychiatric Society (KPS) Conference to be held Friday, April 23, 2004 at KU School of Medicine-Wichita. The topic will be Forensic Issues in Psychiatry and will feature, Lyle Baade, PhD, Bradley Grinage, MD, Mercedes Perales, MD, Don Gribble, attorney-at-law, George Dyck, MD, and Lieutenant Kenneth F. Landwehr from the Wichita Police Department. Keep your eyes on the *Communicator* for more information, as conference time gets closer.

FACULTY, STAFF, RESIDENT AND STUDENT NOTES . . .

CONGRATULATIONS

Donald Brada, MD, has been selected as a recipient of the 14th annual Nancy C.A. Roeske, MD, Certificate of Recognition for Excellence in Medical Student Education. Dr. Brada will be awarded his certificate at the 2004 American Psychiatric Association annual meeting in New York during the "Luncheon for Residents, Medical Students and Educators," in May.

Michael Burke, MD, PhD, was re-elected chair of the Education Council for the University of Kansas School of Medicine-Wichita and Kansas City for 2003-04. As Education Council chair, he will have the additional responsibilities of the executive committee, steering committee, technology task force chair, and ex-officio member of each years' medical students oversight committees.

Bradley Grinage, MD, has been appointed as a member of the Governor's Mental Health Planning Council, effective Dec. 4, 2003. Dr. Grinage is serving a four-year term.

Mary Spachek, administrative specialist, Department of Psychiatry and Behavioral Sciences, has accepted the position of Interim Treasurer for the International Association of Administrative Professionals, Minisa Chapter, at their regular monthly meeting, Jan. 8, 2004.

PRESENTATIONS

Janice McAdam, CPM, associate director, Psychiatry and Behavioral Sciences, was a panelist for a discussion on "Forensic Psychiatry," with John DiGangi, University of Massachusetts and Marti Sale, University of Kentucky, at the Fall Conference for Administrators in Academic Psychiatry, Washington, D.C., Nov. 8, 2003.

Glenn Veenstra, PhD, presented "Neuroscience Insights to Improve Emotional Differentiation" at the American Association of Marriage and Family Therapy 61st annual conference, Long Beach, Calif., Oct. 16, 2003.

ARTICLES

Bradley Grinage, MD, published "Diagnosis and Management of Post-traumatic Stress Disorder" in the Dec. 15, 2003 issue of *American Family Physician*.