Great Strides
To Benefit Mental Health in our Community 5

ALSO INSIDE...
Partial Hospitalization Program Offered 2
Mood Disorders Symposium 3
Drake Medal For Dr. Woods 4
AN ACADEMIC HEALTH CENTER CAMPUSS N Healthcare Center is an exciting place to be. From my office in the Stetson Building, I can see helicopters landing on the roof at UC Health University Hospital, bearing patients on life-saving missions. Just steps from my office, our clinicians are improving patients’ lives, while our researchers investigate new therapies with exciting possibilities.

But my activities—and those of the Department of Psychiatry and Behavioral Neuroscience—are not confined to a few blocks near the College of Medicine. You’ll read about several examples in this newsletter, including:

The NAMI Walk 2012, held at Sawyer Point on the Cincinnati riverfront. This is an event close to my heart, and I’m proud of the strong participation—and money raised—to promote mental health in our community by department faculty and staff. We had beautiful weather this year, and a great turnout. If you could not participate, please consider making plans to join us next year.

The Lindner Center of HOPE in Mason. A new program, Adult Partial Hospitalization, is designed to provide intensive mental health treatment in a safe setting, enabling patients to spend evenings and weekends in their home environment. The department’s affiliation with the Lindner Center of HOPE has been dramatically strengthened in the past year, with patients as the ultimate beneficiaries.

UC’s Reading Campus. This campus, located about seven miles north of the medical campus and formerly known as the Genome Research Institute, is home to the department’s basic science stress group, led by James Herman, PhD. This group is a steady source of important research and high-profile papers, and the future looks bright with the addition of an award-winning new recruit in Matia Solomon, PhD.

Staying with the Reading Campus, but on a personal note, I’d like to extend my heartfelt congratulations to Vice Chair Stephen Woods, PhD, a member of the department since 1998 and current professor emeritus (but maintaining an active and well-funded research lab). Steve is one of three winners of the 2012 Daniel Drake Medal, the College of Medicine’s highest honor. It is richly deserved, and we are all proud to be associated with him as friends, colleagues or mentees—in some cases all three!

Best Wishes,

Stephen M. Strakowski, MD
The Dr. Stanley and Mickey Kaplan Professor and Chairman
Department of Psychiatry and Behavioral Neuroscience
Senior Associate Dean for Research, College of Medicine
Vice President of Research, UC Health
The life and contributions of Stanley Kaplan, MD, were celebrated March 30, 2012, at events hosted by the College of Medicine and the University of Cincinnati Foundation. Kaplan, a longtime member of the Department of Psychiatry and Behavioral Neuroscience and stalwart supporter of the department, the college and the Greater Cincinnati community, died Nov. 10, 2011. He and his late wife, Mickey, established lectureships, student awards and, in 2006, the Dr. Stanley and Mickey Kaplan Endowed Chair and Professorship in Psychiatry.

Following a luncheon with family members, close friends and department leadership, the Dr. Stanley and Mickey Kaplan Conference Room was dedicated in Room 3237 of the Stetson Building. Among the speakers who shared memories of Dr. Kaplan was his great-niece Lisa Gray, MD, a geriatric psychiatry fellow.

A memorial service followed in Kresge Auditorium of the Medical Sciences Building, with speakers including department chair Stephen Strakowski, MD, College of Medicine Dean and UC Vice President for Health Affairs Thomas Boat, MD, and Dr. Kaplan’s daughter, Barbara Kaplan Chilcote, MD.

The day’s events closed with a reception in the Dr. Stanley and Mickey Kaplan Reception Hall in the CARE/Crawley Building, named in the Kaplans’ honor in 2010.

An alumnus of the UC College of Medicine (Class of 1946), Kaplan completed his residency training at UC and served as a professor and interim chair of psychiatry. During his career at UC, Kaplan was heavily involved in service, teaching and research. He published widely on a range of topics in psychiatry, particularly for studies in psychosomatic medicine.

Solomon Wins New Investigator Award for Social Stress Research

Matia Solomon, PhD, a postdoctoral research fellow in the Stress Neurobiology Laboratory at UC’s Reading Campus, won the Elizabeth Young New Investigator Award from the Organization for the Study of Sex Differences. Solomon, who will join the faculty in August, focuses her research on understanding the neurobiology of depression and complex social behavior.

Collins Serves as Celebrity Judge

Jacqueline Collins, MD, was one of five celebrity judges for AJC’s (American Jewish Committee) 47th annual Simon Lazarus Jr. Human Relations Awards. These awards are given to high school juniors and seniors who are nominated by their schools for their community service. The nominees write an essay which is reviewed by the judges, who together choose the winners.

Schneider Wins Travel Award to Present Poster at Symposium

Maggie Schneider, a student in the Neuroscience Graduate Program studying the neural underpinnings of executive function in adolescents with bipolar disorder, received a travel award to present a poster at the 2012 Wisconsin Symposium on Emotion in April.

To advance the diagnosis and treatment of psychiatric disorders through education and clinical services, we are forming a community advisory board. If interested, please contact Kathy Nullmeier at 513-558-6769 or kathy.nullmeier@uc.edu.

Grants

James Herman, PhD: $29,291 (Department of Veterans Affairs): Central Neuropeptide Y (NPY): A Novel Target for PTSD Pathophysiology

Yvonne Ulrich-Lai, PhD: $353,125 (National Institute of Diabetes and Digestive and Kidney Diseases): Food Reward and Stress

Renu Sah, PhD: $397,405 (National Institute of Mental Health): Acid-sensing and panic

Theresa Winhusen, PhD: $1,176,978 (National Institute on Drug Abuse): Competing Renewal of Clinical Trials Network, Ohio Valley Node

Theresa Winhusen, PhD: $665,293 (National Institute on Drug Abuse): Competing Renewal of Clinical Trials Network, Ohio Valley Node


To advance the diagnosis and treatment of psychiatric disorders through education and clinical services, we are forming a community advisory board. If interested, please contact Kathy Nullmeier at 513-558-6769 or kathy.nullmeier@uc.edu.
The Lindner Center of HOPE has begun offering an Adult Partial Hospitalization Program designed for individuals whose functioning is impaired by mental illness but who do not meet the criteria for hospitalization.

The center, a UC Health member and free-standing mental health facility in Mason, Ohio, offers several treatment programs ranging in level of care from the most acute and intensive treatment and crisis care to less intensive maintenance and wellness visits. Its psychiatrists and behavioral health specialists are members of the Department of Psychiatry and Behavioral Neuroscience faculty.

Paul Keck Jr., MD, is president and chief executive officer of the center and professor and a departmental vice chair.

The Adult Partial Hospitalization Program began May 7, providing intensive treatment in a safe and therapeutic environment without full hospitalization. It operates Mondays through Fridays from 8:30 a.m. to 4:30 p.m., with enrollees attending for up to four weeks. There is some flexibility in design, so the treatment team and the enrollee can work together to create the right treatment plan.

Partial hospitalization helps patients progress to the point where standard outpatient appointments can be effective. The program is also used as a step-down program from hospitalization, with the intent of gradually easing an adult back into his or her home environment.

The program includes group therapy, supportive individual therapy, pharmacotherapy and medication management, a psychiatrist’s evaluation of the individual patient and lunch in the center’s dining room.

Candidates for the program include individuals 18 and older who are experiencing emotional or behavioral issues significant enough to affect daily functioning or quality of life. They may be suffering with diagnoses including mood disorders, such as depression and bipolar disorder, anxiety disorders, eating disorders, adjustment disorders and thought disorders not requiring hospitalization, such as paranoia and hallucinations.

Program Highlights
• operates Mondays through Fridays from 8:30 a.m. to 4:30 p.m., with enrollees attending for up to four weeks
• helps patients progress to where standard outpatient appointments can be effective
• used as a step-down program from hospitalization
• program includes group therapy, supportive individual therapy, pharmacotherapy and medication management, psychiatrist’s evaluation of the individual patient and lunch at the center
Mood Disorders Symposium Offers Glimpse Into Future

Henry Nasrallah, MD, stood facing participants in the Cincinnati Mood Disorders Consortium’s spring symposium and got their attention with his opening sentence: “I want you to take everything you know about depression and throw it out the window.”

With those words, Nasrallah—professor and vice chair for education/training in the Department of Psychiatry and Behavioral Neuroscience—launched a presentation on “The Brave New World of Interventions for Treatment-Resistant Depression,” a fast-paced talk that provided a glimpse into the evolving future of depression therapies.

“I envy the medical students (in attendance) because in your future practice, psychiatrists will use novel treatments that are almost science fiction compared to what we are doing now,” he said. “And that’s good for our patients.”

Pointing out that neuropsychiatric conditions dominate the World Health Organization’s list of top causes of years lost to disability for persons aged 15 to 44, Nasrallah said it’s vital that research efforts receive adequate funding to discover how to prevent the emergence of disabling brain syndromes.

Remarkable paradigm shifts in treatment of depression are under way, he said, including movement from oral medications to intravenous infusion, pharmacotherapy to neurostimulation and monotherapy to combination therapies.

“We keep giving people oral pills,” he said, “but it turns out that intravenous administration has a whole new dimension and may actually turn the switch off with depression, which we never thought could be possible because it has always taken weeks or months for depression to remit.”

Neuromodulation techniques will also play a larger role in the future, Nasrallah predicted, with a number of techniques such as repetitive transcranial magnetic stimulation (rTMS), vagus nerve stimulation (VNS) and deep brain stimulation (DBS) joining and perhaps replacing the decades-old electroconvulsive therapy.

Glutamate pathways in the brain are drawing new attention, he said, with very promising results from drugs that block the NMDA receptor, a key receptor for glutamate. One such drug, ketamine, “has shown miraculously rapid recovery in patients with treatment-resistant depression,” producing a rapid (within one to two hours) and sustained antidepres- sant effect. (Ketamine, available only by prescription, is commonly used as an animal anesthetic and can cause psychotic symptoms in humans at high doses.)

Neuroplasticity, or the brain’s ability to reorganize itself by forming new neural connections, also holds promise, Nasrallah said, adding, “The brain and the mind are one and the same—one is the hardware and one is the software. So we can actually repair the brain and influence the mind in that way.”

As for psychotherapy, Nasrallah said, “We have to see it as a neurobiological treatment. We can change brain structure and function by talking to people—evoking feelings, eliciting forgotten memories and connecting the behavioral dots.”

Additional emerging techniques in fighting depression:

**EPIGENETICS**, offering the potential to turn genes off or on. Research will discover a way to silence the genes of depression or mania during pregnancy or after birth.

**OPTO-GENETICS**, the capacity to activate genes using light and genetically encoded light-sensitive proteins.

**INDUCED PLURIPOTENT STEM (IPS) CELLS**: Adult skin cells are converted to stem cells capable of growing into many cell types. By varying the chemical environment, each patient’s cells are then differentiated into neurons that can shed light on each patient’s specific brain cell abnormalities and the most appropriate treatment.

**Remarkable paradigm shifts in treatment of depression are under way.**

And function by talking to people—evoking feelings, eliciting forgotten memories and connecting the behavioral dots.

**About the symposium**

The Cincinnati Mood Disorders Consortium’s spring symposium, “Managing Depression Across the Life Cycle,” included several presentations in addition to Nasrallah’s:

- **Jeffrey Strawn, MD**, on the treatment of depression in children and adolescents.
- **Robert McNamara, PhD**, on the growing evidence for omega-3 fatty acid’s therapeutic effects.

Nasrallah and Melissa DelBello, MD, course co-directors for the program, moderated panel discussions. Department chair Stephen Strakowski, MD, and Scott Ries, MSW, director of the Cincinnati Mood Disorders Consortium, gave the welcome.

Support for the program was provided by Cindy and Bill Starr, in memory of Jake Ober. Continuing Medical Education credit was available.
As I read through the statements of past recipients, it was informative to find that their career paths, especially early on, were as varied as mine. From as young an age as I can remember, my family told me I was going to be a dentist. My grandfather and one uncle were both successful dentists, and in a unique twist both had the same birthday as mine. I consequently never challenged my parents’ dictum that I was bound for the dental profession, and after high school (1959, in Olympia, Wash.), I enrolled in the pre-dental program at the University of Washington (UW). In those days, one need only complete the required coursework with satisfactory grades to be eligible, and it could be accomplished in three years. I managed to do that and found myself in the entering dental school class beginning in autumn 1962. After one week of classes, while I had no idea of what I wanted to do with my life, I did know one thing: I didn’t want to be a dentist!

Although I knew I wouldn’t complete the four-year dental program, I nevertheless completed the entire first year, for in addition to learning about dental materials and how to carve teeth, I was able to take human gross anatomy, human physiology and other advanced courses that were available only in medical and dental schools and that were of interest to me. So in the summer of 1963, I quit school to earn money and consider my future, and although I had spent four years at UW by then, I had no degree and no major. I re-entered UW in 1964 and became a zoology major since that curriculum enabled me to attain a BS degree by spring 1965. While completing the zoology curriculum, I took a course in the psychology department that changed my life forever. It was called “The Neural Basis of Behavior” and was taught by Professor Lloyd Woodburne, a physiological psychologist. The whole concept of the brain and behavior intrigued me, and I spent an additional year earning a BS in psychology at UW; and I also worked every weekday evening in the clinical chemistry lab at Children’s Hospital in Seattle. In the spring of 1966, with bachelor’s degrees in zoology and psychology, I had a tough decision to make. I had a wife and baby and two opportunities. One was to go to medical school and the other was to enter graduate school in physiological psychology. The decision was made easier by the fact that medical school was costly and would require heavy loans, and by Professor Woodburne offering me a four-year NDEA fellowship to enter the graduate degree program in physiological psychology, which would not have to be repaid so long as I entered a field of education.

I started graduate school in autumn 1966 and had the incredible good fortune to be assigned Walt Makous as an advisor. Walt was a new assistant professor of psychology who investigated visual psychophysics, and while I had no particular interest in his area of expertise, he nonetheless secured a room in which I could conduct behavioral experiments using rats as continued on next page
Great strides were made in more ways than one May 12 as the NAMIWalks fundraising event was held under sunny skies at Sawyer Point to benefit mental health efforts in Hamilton County. The UC Health Psychiatry team was among the largest contingents and joined participants that included teams from the Lindner Center of HOPE, the Central Clinic and Cincinnati Children’s Hospital Medical Center.

The UC Health team, captained by Emily Rummelhoff, senior clinical research coordinator in the Department of Psychiatry and Behavioral Neuroscience, raised $17,309—exceeding its goal of $15,000 and beating the 2011 total of $12,386. Stephen Benoit, PhD, was again the team’s top individual fundraiser with $3,585. At 116, the total number of UC Health Psychiatry team members also exceeded the 2012 goal (100) and last year’s number (86).

Total money raised in the event was $145,769, also well over the 2011 total of $109,277.

Sponsors of the event—a 5-kilometer walk that extended from Sawyer Point into Newport via the Purple People Bridge and back—included UC Health, Cincinnati Children’s and the Central Clinic. Michael Sorter, MD, director of the Division of Psychiatry at Cincinnati Children’s, was an honorary chair.

NAMI (the National Alliance on Mental Illness) is dedicated to improving the lives of individuals and families affected by mental illness.

Researcher Woods’ continued from previous page

models. Rats were free of charge at that time because the psychology department maintained a large colony to stock its undergraduate lab courses. Further, because I continued to work at Children’s Hospital throughout graduate school, I had easy access to chemical assays for blood constituents when only minute quantities of blood were available. I had been intrigued by a published report that when rats were administered large doses of insulin every day, large enough to put them into a coma, they developed a response whereby they went into a coma even when injected with a placebo, physiological saline. So for my first-year project I asked whether rats with a history of receiving a large dose of insulin every day developed hypo-glycemia in the conditioning situation, and whether that was the reason they went into a coma.

To make a long story short, while I never did get rats to go into a coma, I did find that rats administered large doses of insulin every day, when subsequently injected with placebo instead of insulin, become hypoglycemic; and I found that this conditioned hypoglycemia was secondary to conditioned insulin secretion that was neurally mediated. Unfortunately, few scholars at that time thought that the brain had anything to do with pancreatic insulin secretion, and so I spent many years trying to convince a wary scientific community that my research was sound and important. I in fact spent the next 40-plus years investigating the inter-relationships between the brain and insulin. …

Woods wears the medal

NAMIWalks 2012 Team Totals:
• UC Health Psychiatry: $17,309
• Lindner Center—Housewide: $2,995
• Lindner Center Outpatient: $1,666
• Lindner Center Research: $1,930
• Lindner Center Team EDO: $415
• Combined fund-raising total: $24,315

Top individual fundraiser:
UC Health Psychiatry’s Stephen Benoit, PhD ($3,585)
Three decades of service to the University of Cincinnati, including 21 years at the Department of Psychiatry and Behavioral Neuroscience? That calls for a celebration!

That’s exactly what Mary Ann Schmidt’s friends and colleagues in the department thought, so they made it happen complete with cake, tiara and all the trimmings.

As a program director for medical student education, Mary Ann is indispensable to students and faculty, handling everything from making schedules to submitting grades and more. She is also involved in residency training. Before coming to the department, she worked in orthopedic surgery and physical therapy/sports medicine, the College of Design, Architecture, Art, and Planning (DAAP) and the University Hospital Physical Therapy Department. (Little-known fact: During her time at DAAP, Mary Ann modeled for the annual fashion show.)

Mary Ann Schmidt (second from left) donned a tiara for the celebration of her 30 years of service to the University of Cincinnati. With her are (from left) Kim Schiesler of the residency training office, Henry Nasrallah, MD, and Rosanne Fear of the residency training office.