

FEMAP NEWSLETTER



FEMAP TEAM (First Episode Mood and Anxiety Program): Elizabeth Osuch, M.D. FRCPC; Robyn Bluhm, PhD; Melody Chow, Research Assistant; Roger Covin, PhD; Jo Anne DePace, Research Coordinator; Jennifer Scott, Admin Assistant

Staff Updates

Roger Covin completed his Ph.D. and is now on the registry of the College of Psychologists of Ontario (Supervised Practice). He has been increasing the number of patients seen through our program, in addition to preparing a research database that will collect information from patients who receive treatment with FEMAP. This database addresses research questions about resiliency and vulnerability factors associated with having an anxiety and/ or mood disorder as well as quality assurance issues within FEMAP.

Dr. Covin will be taking paternity leave starting in mid-June. This is a mixed event since we will miss Roger's careful and important contributions to FEMAP. We look forward to meeting his new daughter in late summer, however.

Dr. Robyn Bluhm was recently offered an academic position at Old Dominion University in Norfolk, Virginia and will be leaving UWO and FEMAP in late June. We are VERY sad to see Robyn go but are delighted to have her take her next career step into a faculty position.

Jennifer Scott, our Administrative Assistant (aka "she who runs things") will be getting married aboard the "Liberty of the Seas" on August 2nd. Congratulations Jennifer and Mike!

Clinical Care Update

Drs. Osuch and Covin have been working hard to maintain a demanding patient caseload, and have been quite successful in keeping wait-list times to a minimum. A number of health professionals and hospital programs are still not familiar with FEMAP, and therefore do not take advantage of the program as a referral option. It is our hope that this newsletter will help to remind the community of FEMAP, and we encourage colleagues in the community to "spread the word," so that patients are given another option in their quest for appropriate mental health treatment.

In addition to several ongoing research projects, Dr. Elizabeth Osuch has been working to secure additional funding for FEMAP. Dr. Sandra Fisman, the London Health Sciences Foundation staff, and Dr. Osuch have been refining a proposal to be submitted to several regional financial establishments. In the meantime, Dr. Fisman has located temporary funding to begin renovations of the FEMAP house on Richmond Street. This exciting news is another step in the right direction for the continued growth of the program. The goal is for FEMAP to be in the house by September of this year.

We have had a number of psychiatry residents rotate through FEMAP with Dr. Osuch. The consensus is that it is a good learning experience that exposes residents to a good number of clinical encounters and lets them see how an outpatient mental health service functions.

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Entry Criteria to FEMAP

Our previous newsletter (Fall 2007) listed the entry requirements into the program. We have included them again in the current newsletter (see below) to further promote understanding and awareness of FEMAP. If you have any questions, please feel free to contact our intake coordinator, JoAnne DePace, at (519) 685-8500 ext. 34842.

Individuals experiencing an early episode of an anxiety and/ or mood disorder (≥ 16 years old), or an initial episode of these disorders up to age 30, are eligible for entry into FEMAP. There are two referral routes to FEMAP: 1) by a health practitioner (e.g., GP; psychiatrist), and 2) self-referral. An intake coordinator screens all referrals.

Mood disorders include: a) Dysthymia, b) Major Depressive Disorder, and c) Bipolar Disorder. Sub-threshold variants of the mood disorders are eligible for treatment, if there is serious concern that the problem could worsen if intervention is not provided.

Anxiety disorders include: (a) OCD, (b) Social Phobia, (c) GAD, (d) Panic Disorder, and (e) Specific Phobias. Individuals with Posttraumatic Stress Disorder should seek services at the specialized PTSD Program within LHSC.

Research

The FEMAP team has recently submitted their first manuscript with data collected from patient in the Program. This is a brain imaging study and is entitled: "Resting-State Default Network Connectivity and Relationship to Mood Symptoms in Early Stage Depression." The title likely does not mean much to those readers who are "uninitiated" into the latest functional brain imaging technology.

Nevertheless, this article represents an original contribution to a growing body of research using functional imaging in a novel way to try to understand the basic brain network "dysfunction" that occurs in depression. It is the first study to look at youth with depression using this approach. Drs. Bluhm and Osuch are preparing their second research manuscript from data collected in FEMAP and hope to submit it within the next month. Dr. Covin is working on approval to conduct a "database" collection within FEMAP. This will allow us to collect information from patients on factors that might be related to their resilience and/or vulnerability to mood and anxiety symptoms.

Individuals who present with sub-threshold variants of these disorders are also eligible for treatment, if there is serious concern that the problem could worsen if intervention is not provided. All comorbid anxiety and mood cases are eligible for entry into FEMAP and substance use/abuse is not an exclusion criterion.

Who Should Not Be Referred to FEMAP?

Exclusion Criteria:

- Individuals whose **primary** diagnosis does not involve any of the mood and/or anxiety conditions listed above are not eligible for entry, even if a comorbid mood or anxiety condition is present.
- Individuals who have had over 18 continuous months of treatment with a psychiatric medication (including and antidepressant) at any time in their lives.
- All individuals with a psychotic disorder that is not due to depression or mania are not eligible, and should be referred to the **Prevention and Early Intervention for Psychosis Program (PEPP)**.
- Individuals with a serious learning disability (usually diagnosed in childhood) are also not eligible for entry into FEMAP even if they have mood symptoms. This is because the complexity of these individuals' clinical needs cannot be addressed in FEMAP at this time and the variations in brain function with learning problems precludes combining research data with them together with non-learning disabled individuals.

Research Continued

This will enable FEMAP to resume work on the previous research project investigating the role of the neurocircuitry of reward processing in non-suicidal self-injurious behavior. The research team is eager to get back to work on this important and challenging study. It will also allow for long-term follow-up of patients so that we are able to measure how our folks do with treatment and how effective the Program is. Dr. Bluhm has recently been working on several research projects within FEMAP including a new project seeking to better understand the role of stigma in the mental health decisions, such as seeking treatment, of youth. Robyn hopes to make more progress on this project before she departs for the “old south” in the U.S.A. Rumor has it that the brain imaging scanners will be up and running for research studies in London within the next 4 months. This will enable FEMAP to resume work on the previous research project investigating the role of the neurocircuitry of reward processing in non-suicidal self-injurious behavior. The research team is eager to get back to work on this important and challenging study.

Research Successes

PUBLICATIONS IN LAST 6 MONTHS BY FEMAP TEAM MEMBERS

1. **Osuch, EA**, Payne, G. 2007. “Neurobiological Perspectives on Nonsuicidal Self-Injury”. In *Self-Injury in Youth: The Essential Guide to Assessment and Intervention* edited by MK Nixon & N Heath. New York, New York; Taylor and Francis. In press.
2. **Osuch, E.A.**; Willis, M.; Bluhm, R.; CSTS Neuroimaging Study Group; Ursano, R.; Drevets, W.C. “Neurophysiological responses to traumatic reminders in the acute aftermath of serious motor vehicle collisions using [¹⁵O]-H₂O PET”. *Biological Psychiatry*, in press, e-publication available.
3. **Osuch, E.A.**; Benson, B.E.; Luckenbaugh, D.A.; Geraci, M.; Post, R.M.; McCann, U. “Repetitive TMS Combined with Exposure Therapy for PTSD: A Preliminary Study”. *Journal of Anxiety Disorders*, in press, e-publication available.
4. **Bluhm, R.**; Miller, J.; Lanius, R.; **Osuch, E.A.**; Boksman, K; Neufeld, R.W.J., Théberge, J., Schaefer, B. and Williamson, P.C. “Spontaneous Low Frequency Fluctuations in the BOLD Signal in Schizophrenic Patients Anomalies in the Default Network”, *Schizophrenia Bulletin*, 33:1004-1012, 2007.
5. **Bluhm, R.**; **Osuch, E.**; Lanius, R.; Boksman, K.; Neufeld, R.; Theberge, J.; Williamson, P. “Default mode network connectivity: effects of age, gender and analytic approach”. *Neuroreport*, in press.
6. **Covin, R.**, Ouimet, A.J., Seeds, P.M., & Dozois, D.J.A. (2008). A meta-analysis of CBT for pathological worry among clients with GAD. *Journal of Anxiety Disorders*, 22, 108-116.
7. **Covin, R.** & Dozois, D.J.A, & Westra, H. (2008). An evaluation of the psychometric properties of the Consequences of Worry Scale. *Cognitive Therapy and Research*, 32, 133-142.
8. **Covin, R.**, Dozois, D. J. A., Ouimet, A. J., & Seeds, P. M. (2007). Don't worry! CBT is an effective treatment for GAD: So now what? *Advances in Cognitive Therapy*, 9 (2/3), 5.

GRANTS AWARDED

1. **Mitchell, D.** (PI), “Emotion representation and regulation in bipolar disorder”. Lawson Health Research Institute, \$14,000. December 2007-2009.
2. **Mitchell, D.** (PI), “Modulating neural responding to positive and negative stimuli in untreated patients with major depression”. Ontario Mental Health Foundation, Young Investigator Fellowship, \$105,000. July 2008-June 2011.

POSTERS

Engel, C.; Armstrong, D.; Gore, K.; Jonas, W.; Cordova, E.; Grieger, T.; Benedek, D.; Ursano, R.; **Osuch, E.**; Choate, C. “Evaluating the Efficacy of Acupuncture as a Treatment for Posttraumatic Stress in Military Personnel”. Annual Force Health Protection Conference. United States Army Center for Health Promotion & Preventive Medicine. Albuquerque, New Mexico; August 9-15, 2008.