New Report Says Autism May Cost Individuals Over $2 Million During a Lifetime

David S. Mandell, ScD was the senior author of a recent study reporting that costs for a lifetime of support for each individual with autism spectrum disorder (ASD) may exceed $2 million in the US. ASD is a neurodevelopmental condition that leads to significant social, communication, and behavioral challenges. It commonly co-occurs with intellectual disability, a cognitive impairment that begins in childhood and causes below-average intellectual function and a lack of skills necessary for daily living. The parents of children with autism often have to cut back on or quit work, and once they reach adulthood, people on the autism spectrum have limited earning potential. Those income losses, plus the price of services, make autism one of the costliest disabilities – adding $2.4 million across the lifespan if the person has intellectual disabilities and $1.4 million if they don’t. The study was published online in JAMA Pediatrics on June 9, 2014.

Dr. Mandell’s research team analyzed existing literature in the US and the United Kingdom, updating and supplementing as needed to estimate the cost of accommodation, medical and non-medical services, special education, employment support, and productivity loss in both countries. The number of people with ASD is estimated at 3,540,909 in the U.S. and 604,824 in the U.K. In a Penn Medicine news release, Dr. Mandell explained the significance of the cost statistics, “These numbers provide important information that can help policy makers and advocacy organizations make decisions about how to allocate resources to best serve this population. Of particular importance is that one of the largest costs was parents’ lost wages. This finding makes it imperative that we examine how high-quality intervention can reduce burden on families, allowing them to stay in the work force. It also suggests the need for policies that make the work place more friendly to families of children with disabilities.”


Dr. Mandell is Associate Professor of Psychiatry and Pediatrics at Penn and Director of the Center for Mental Health Policy and Services Research (CMHPSR) in the Department of Psychiatry. In addition to two investigators from the London School of Economics, he was joined in the study by Zuleyha Cidav, PhD in the CMHPSR. Both Drs. Mandell and Cidav are also affiliated with the Center for ASD Research at Children’s Hospital of Philadelphia (CHOP).

View the Penn Medicine news release at - http://www.uphs.upenn.edu/news/News_Releases/2014/06/mandell/
Suicides More Likely to Occur After Midnight

**Michael Perlis, PhD** was the Principal Investigator of a recent study that is the first to reveal that suicides are far more likely to occur between midnight and 4 a.m. than during the daytime or evening. For the study, the researchers analyzed data from National Violent Death Reporting System, which provided data for the estimated time of fatal injury, and the American Time Use Survey, which provided an hourly proportion of the American population that is awake. A total of 35,332 suicides were included in the analysis. The research abstract was published in an online supplement of the journal *Sleep* and presented on June 3, 2014 at SLEEP 2014, the 28th Annual Meeting of the Associated Professional Sleep Societies LLC.

In a Penn Medicine news release, Dr. Perlis said, “This appears to be the first data to suggest that circadian factors may contribute to suicidality and help explain why insomnia is also a risk factor for suicidal ideation and behavior. These results suggest that not only are nightmares and insomnia significant risk factors for suicidal ideation and behavior, but just being awake at night may in and of itself be a risk factor for suicide.” Dr. Perlis added that an important implication of the study is that the treatment of insomnia may be one way to reduce suicide risk.


Dr. Perlis is Associate Professor of Psychology in Psychiatry at Penn and Director of the Penn Behavioral Sleep Medicine Program in the Department of Psychiatry. He was joined in the study by other Department of Psychiatry investigators, including Michael A. Grandner, PhD, Gregory K. Brown, PhD, Mathias Basner, MD, PhD, MSc, Subhajit Chakravorty, MD, Michael E. Thase, MD, David F. Dinges, PhD, Phillip R. Gehrman, PhD, and Ninad S. Chaudhary. In addition, Knashawn H. Morales, ScD in the Department of Biostatistics and Epidemiology at Penn was part of the study.


PBHMind Course to Receive CME Credit

On Friday, November 14, 2014, PBHMind will offer Continuing Medical Education (CME) credits for the first time. The one-day symposium, “Evidence-Based Practice for Mood Disorders: An Update on Pharmacological and Psychotherapeutic Treatments,” will be presented in conjunction with the Office of Continuing Medical Education.

The Perelman School of Medicine at the University of Pennsylvania is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Perelman School of Medicine at the University of Pennsylvania designates this live activity for a maximum of 7.5 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

PBHMind is a program within the Department of Psychiatry, which is approved by the American Psychological Association to offer Continuing Education credits for psychologists.

PBHMind, sponsored by the Department of Psychiatry and Penn Behavioral Health, is a comprehensive program of continuing education and training for professionals in the mental health and wellness fields. The courses are developed and led by experts from the Department of Psychiatry and are designed to provide varying levels of knowledge to practicing clinicians. The course content is organized into a variety of core topical areas, with three levels of knowledge acquisition. (For additional information about the program and specific courses, please visit the PBHMind website at - [www.pbhmind.com](http://www.pbhmind.com))
This summer, the Department of Psychiatry, the University of Pennsylvania, and the entire community of academic medicine and psychiatry lost a giant in the field and a tremendous human being and colleague – Albert J. (“Mickey”) Stunkard, MD. Chairman Dwight L. Evans, MD shared this unhappy news in a brief e-mail, accompanied by a longer statement of appreciation from the Department and family.

DR. EVANS’ MESSAGE:
"I am writing to share the very sad news that Dr. Albert (Mickey) Stunkard passed away peacefully at his home and with his family on July 12. Mickey was an extraordinary person who made enormous contributions to Penn Medicine and was a pioneer in the field of obesity research—the causes, consequences, and treatments. Mickey was an uncommon person of great generosity and enthusiasm for improving the human condition. I have no words to say how much we will all miss him, but I know how much better we are for him. Please see the attached obituary that was prepared by his dear colleague and friend, Tom Wadden, in consultation with Mickey’s loving family."

STATEMENT OF APPRECIATION:
Albert J. Stunkard, MD - World-Renowned Obesity Researcher and Psychiatrist

Albert J. Stunkard, MD, Professor Emeritus of Psychiatry at the Perelman School of Medicine, died July 12, 2014 at his home in Bryn Mawr, Pennsylvania. His wife, Margaret S. Maurin, and step-daughter, Elana Maurin, were by his side.

Dr. Stunkard, known as Mickey to friends and colleagues, was world-renowned for his research on obesity and eating disorders, which he began in 1955 with the publication of the first description of the night-eating syndrome, a topic to which he returned at the end of his career. His more than 500 publications enriched understanding of the causes and consequences of obesity, while advancing the prevention and treatment of this disorder. Two landmark papers, published in 1986 and 1990 in the New England Journal of Medicine, described the significant contribution of genetics to body weight. The first study found that the weights of adoptees (as adults) showed a far greater resemblance to the weights of their biological parents than to their adoptive parents, with whom they had lived and presumably shared similar eating and physical activity habits. The two studies foreshadowed findings that genes account for approximately 40% to 70% of the variation in human body weight, with the ensuing recognition that obesity is not attributable to lack of willpower, as once believed.

Mickey was also a pioneer in the treatment of obesity. In 1958, he published a now-classic paper on the failures of dieting, which revealed that only 12% of obese patients treated in a hospital nutrition clinic were able to lose 20 pounds, and only half of these maintained the weight loss one year later. These results improved substantially in the 1970s with the introduction by Mickey and colleagues of behavior modification, which provided patients a set of principles and techniques for changing their eating and activity behaviors. Mickey was committed to testing the effectiveness of different weight loss methods through the use of randomized controlled trials. Using this approach, he assessed the benefits of self-help interventions, different diet and exercise regimens, programs for obese adolescents, and weight loss medications. He introduced a novel explanation for the effectiveness of weight loss medications (i.e., they lowered the body weight setpoint) and proposed in 1982 that medications be used indefinitely to treat obesity in the same manner that medications are used long-term to control hypertension, type 2 diabetes, hypercholesterolemia, and other chronic conditions. (In 1996, the Food and Drug Administration adopted the long-term prescription of weight loss medications.) Mickey also was an early advocate for the use of weight loss (bariatric) surgery, having found in 1976 that obese individuals reported more favorable food choices and appetite control following surgery. He also published the first modern account of binge eating in obese individuals and contributed to the development of treatments for this disorder and the night eating syndrome.

Mickey Stunkard’s infectious enthusiasm for research, and generosity of spirit, nurtured the careers of dozens of young scientists and enriched the work of colleagues throughout the nation and around the world. He educated generations of medical students and psychiatry residents at Penn about obesity and eating disorders, while also touching the lives of thousands of patients with his extraordinary compassion, kindness, and clinical acumen. He was the consummate scientist, teacher, and practitioner.
In Memoriam - Albert J. ("Mickey") Stunkard

Continued from page 3

Mickey's achievements were recognized in multiple ways, including his continuous receipt of funding from the National Institutes of Health for nearly 50 years. He was elected to membership in the Institute of Medicine of the National Academy of Sciences and served as president of the American Psychosomatic Society, the Society of Behavioral Medicine, the Association for Research in Nervous and Mental Disease, the Academy of Behavioral Medicine Research, and the American Association of Chairmen of Departments of Psychiatry. He received numerous awards, including the 1994 Distinguished Service Award from the American Psychiatric Association, the 2004 Sarnat International Prize from the Institute of Medicine, and the 2005 Gold Medal for Distinguished Academic Accomplishments from Columbia University College of Physicians and Surgeons. He also was the recipient of honorary degrees from Louisiana State University and the University of Edinburgh (Scotland).

Albert James Stunkard was born February 7, 1922 in New York City to Horace and Frances (Klank) Stunkard. His father was Professor of Biology at New York University and his mother a librarian. His late sister, Eunice Stunkard, was headmistress of the Barnard School for Girls in New York City. Mickey received his BS from Yale University in 1943 and MD in 1945 from Columbia University's College of Physicians and Surgeons, during the wartime acceleration of medical training. He interned in medicine at the Massachusetts General Hospital and then served two years as a physician in the United States Army (Captain), principally in Japan. After returning to the US, from 1948-52, he completed a residency and fellowship training in psychiatry at the Johns Hopkins Hospital. He worked for four years at Cornell Medical College in New York, before joining the Department of Psychiatry at the University of Pennsylvania School of Medicine in 1957. He was appointed chairman in 1962 and in the ensuing decade established what was widely viewed as the nation's premier department of psychiatry. He was recruited to Stanford University in 1973 to chair the Department of Psychiatry but returned to the University of Pennsylvania in 1977, where he resumed his renowned program of research and served as interim-chairman in 1996-97.

In September 1981, Mickey married Dr. Margaret Maurin, who taught modern French literature at Bryn Mawr College for many years. In addition to his wife, he is survived by his step-daughter, Dr. Elana Maurin, her husband, Dr. Keith Renshaw, and their two children.

A private burial is planned with a memorial service to be held in the fall at the University of Pennsylvania. The family requests that, in lieu of flowers, expressions of sympathy be directed to Doctors Without Borders or the Council for a Livable World.

Departmental Goings On

Penn Researchers Find Naltrexone May Be Effective in Diminishing Impulse Control Disorders in Parkinson's Disease Patients

Daniel Weintraub, MD was the senior author of a pilot study that found that the opioid antagonist naltrexone may be an effective treatment for diminishing impulse control disorder (ICD) symptoms in Parkinson's disease (PD) patients. The study was published online before print on July 18, 2014 in the journal Neurology.

Up to 20 percent of PD patients and their families may confront a common but largely unrecognized challenge: the occurrence of ICDs such as compulsive gambling, sexual behavior, eating, or spending. The presence of PD in these patients can severely limit or complicate treatment options. These ICDs may result primarily from medications used to treat the disease, especially the class of medications called dopamine agonists.

In the study, 50 PD patients enrolled at the University of Pennsylvania were placed on a placebo-controlled flexible dose of naltrexone, 50-100 mg/day. Naltrexone is an FDA-approved medication for alcohol dependence, and is less commonly used in the
Penn Researchers Find Naltrexone May Be Effective in Diminishing Impulse Control Disorders in Parkinson’s Disease Patients

Continued from page 4

treatment of opioid addiction and rapid detoxification. It has also been used in clinical trials for pathological gambling and other ICDs in the general population. Patients were assessed by several evaluation measures, chiefly the Clinical Global Impression-Change (CGIC) and the Questionnaire for Impulsive-Compulsive Disorders in Parkinson’s Disease-Rating Scale (QUIP-RS). Several other assessment tools were used to evaluate PD symptoms and other psychological responses.

Dr. Weintraub acknowledged that the outcome of the eight-week pilot study was not definitive, though it was suggestive. “On the primary outcome measure (the CGIC), we did not see a benefit in terms of the medication,” he said in a Penn Medicine News release. However, on the secondary measure (the QUIP-RS), “we did see a benefit of treatment, suggesting at least on a self-rated measure of ICD severity that naltrexone did help diminish the severity of ICD symptoms in PD patients.”

Dr. Weintraub believes that the pilot study is a promising first step in identifying ICD treatments for PD patients and, potentially, improving their quality of life. “It shows that it is possible to do a randomized controlled trial for this problem in PD, which is an important point,” he noted. “It shows that you have to think carefully about the primary outcome measures. And I think it supports further study of medications like naltrexone and other opioid antagonists with a larger, more definitive clinical trial.”

Dr. Weintraub, Associate Professor of Psychiatry and Neurology, joined investigators from the Penn Perelman School of Medicine and the Parkinson’s Disease Research, Education and Clinical Center (PADRECC) at the Philadelphia VA Medical Center in the study. Other Penn authors include: Kimberly Papay, BS (Psychiatry); Sharon X. Xie, PhD (Biostatistics and Epidemiology); Matthew Stern, MD (Neurology); Howard Hurtig, MD (Neurology); John E. Duda, MD (Neurology; PADRECC); and James Minger, BA (Neurology). Andrew Siderowf, MD at Avid Radiopharmaceuticals, Inc. was also a co-author.


Penn Center for Women's Behavioral Wellness Profiled on SAMHSA Website

An article from SAMHSA.gov, the web site for the Substance Abuse and Mental Health Services Administration (SAMHSA), profiles the unique services and approach taken by faculty and staff at the Penn Center for Women’s Behavioral Wellness (PCWBW). By thoughtfully using a lifespan approach to receiving consultations, the Center offers solutions within a private practice model for women who are struggling with the decision about a pregnancy that might be impacted by taking psychiatric medications. “We provide a thoughtful, detailed evaluation regarding a whole woman using a lifespan approach - we need the lifespan approach to understand hormonal sensitivity that occurs in some women,” said C. Neill Epperson, MD, Director of the PCWBW in the Department of Psychiatry and Professor of Psychiatry and Obstetrics and Gynecology at Penn.

In the News

Best Weight Loss Advice
David B. Sarwer, PhD was one of five top weight-loss experts in the country who provided diet advice in a May 6, 2014 Men’s Health article. In the category of “Eliminate Mindless Munching,” Dr. Sarwer said, “In our overly scheduled daily lives, we rarely pay attention to what we eat and drink throughout the day.” He recommended that instead of running to the vending machine every time your stomach rumbles, plan out healthy snack breaks throughout the day. Trade a low-calorie snack bar for that bagel in the break room, or a handful of almonds to replace your afternoon bag of chips. The simple act of thinking about and controlling what you consume will work wonders. Dr. Sarwer is Professor of Psychology in Psychiatry and Surgery at Penn, and Director of the Albert J. Stunkard Weight Management Program and Director of Clinical Services at the Center for Weight and Eating Disorders in the Department of Psychiatry.

We Can Work It Out
Jacqueline Hudak, MEd, PhD, LMFT was quoted in a story in the June 2014 issue of Metro Kids South Jersey on how differences in parenting styles can affect friendships. “Every home has different norms,” said Dr. Hudak. “It’s fine to enforce those within your home. But, acknowledge that other families don’t necessarily have the same kind of values.” What if you are receiving someone else’s unsolicited advice? Dr. Hudak advised that, while it’s easy to take offense, it’s better to consider whether one hurtful remark is worth ruining a friendship. “You can say, ‘I appreciate what you’re saying, but I decided to do something else. It doesn’t mean I don’t care about you.’ Differing opinions don’t always have to mean conflict.” Dr. Hudak is Clinical Director of the Center for Couples and Adult Families in the Department of Psychiatry.

Drinking Causes 1 in 10 Deaths of Working-Age Adults, CDC Says
Charles P. O’Brien, MD, PhD commented in a June 26, 2014 NBC news article and segment highlighting a Centers for Disease Control and Prevention (CDC) report that one in 10 deaths in working-age adults may be due to excessive alcohol consumption. Dr. O’Brien focused on new strategies to beat alcoholism for those who are addicted. He said that, along with counseling, patients can try a monthly shot containing a drug called naltrexone, which blunts the alcohol high by blocking the opioid receptors in the brain. In the 1980’s, Dr. O’Brien and another Penn scientist, Joseph R. Volpicelli, MD, discovered the benefits of naltrexone for reducing heavy drinking. This finding was later replicated by others, leading to FDA approval of naltrexone and its use worldwide to treat alcoholism. Dr. O’Brien added that reducing drinking, rather than going cold turkey, may also help some heavy drinkers. “If you reduce your drinking from heavy to moderate, you can greatly improve your health,” he noted. Dr. O’Brien is the Kenneth E. Appel Professor of Psychiatry and Founding Director of the Center for Studies of Addiction in the Department of Psychiatry.

View the May 6, 2014 Men’s Health article at - http://www.menshealth.com/weight-loss/diet-advice-actually-works

View the June 2014 Metro Kids South Jersey article at - http://images.burrellesluce.com/image/6270KC/6270KC_2719

Clinical Recognition

For the second straight year, the Department of Psychiatry’s clinical services ranked 12th nationally in the 2014-15 US News & World Report’s Annual Ranking of Best Hospitals, the top ranking for psychiatric care in the region. Overall, the Hospitals of the University of Pennsylvania-Penn Presbyterian (HUP-PPMC) ranked 7th nationally, up from #11 in the prior survey, continuing its presence in the survey’s “Honor Roll,” where it has placed in 17 of the past 18 years.

Regional, National, and International Honors

Dr. O’Brien Receives Lifetime Achievement Award

Charles P. O’Brien, MD, PhD received the Lifetime Achievement Award in May 2014 from the Tulane Medical Alumni Association on the occasion of the 50th anniversary of his graduation from the Tulane University School of Medicine. An article in a Tulane University publication concisely summarized the scope of Dr. O’Brien’s numerous and seminal contributions to the addictions field: “Widely viewed as one of the most respected and innovative researchers in the world, O’Brien has conducted countless research projects and dozens of clinical trials and authored over 600 papers. His work has increased understanding of the clinical aspects of addictions and the neurobiology of relapse.”

Upcoming Events

Department of Psychiatry Grand Rounds

Department of Psychiatry Grand Rounds are held from 12:00 noon to 1:00 pm on the designated dates. All Grand Rounds for the 2014-2015 academic year will be held in the BRB Auditorium. The next two lectures are listed below. For more information about Grand Rounds and the 2014-15 schedule, please visit - http://www.med.upenn.edu/psych/rounds.html. To join our email listserv, please send an email to nataliec@upenn.edu.

October 2, 2014
Trauma Module - Traumatic Brain Injury (TBI)
Speaker: Douglas H. Smith, MD
The Robert A. Groff Professor of Neurosurgery
Vice Chairman for Research and Education
Director, Penn Center for Brain Injury and Repair
Department of Neurosurgery
Perelman School of Medicine at the University of Pennsylvania

October 30, 2014
Forensic Module
Speaker: Robert L. Sadoff, MD
Clinical Professor of Psychiatry
Director, Forensic Fellowship Program
Department of Psychiatry
Perelman School of Medicine at the University of Pennsylvania

Announcements

PBHMind Offering CME Credits

On Friday, November 14, 2014, PBHMind will offer Continuing Medical Education (CME) credits for the first time. The one-day symposium, “Evidence-Based Practice for Mood Disorders: An Update on Pharmacological and Psychotherapeutic Treatments,” will be presented in conjunction with the Office of Continuing Medical Education. The Perelman School of Medicine at the University of Pennsylvania is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. For more information about this Symposium and upcoming courses, program costs, CE credits, and PBHMind as a whole, please visit - www.pbhmind.com.

Professionalism Program Weekend Intervention - October 11th-12th

The Professionalism Program at Penn Medicine is offering a weekend intervention for physicians in need of improved coping skills and basic frustration management through an evidence-based small group course, “Fostering Professionalism.” For details, visit www.med.upenn.edu/professionalism.