

Penn Center for Women's Behavioral Wellness

Winter 2013 Newsletter

A Letter from the Director



C. Neill Epperson, M.D.

Dear Colleagues and Friends:

2012 was a busy and productive year for all of us here at the Penn Center for Women's Behavioral Wellness (PCWBW). The PCWBW was fortunate to receive a 3.7 million dollar grant from the National Institute of Mental Health and the Office of Research on Women's Health to establish the Penn Center for the Study of Sex and Gender in Affective Disorders. Along with my colleague and Center Co-Director, Tracy Bale, Ph.D.,

Associate Professor of Neuroscience at the Penn School of Veterinary Medicine, this newly funded Center will focus on the role of early life adversity in the sex bias for affective disorders in women. As many of you are aware, women are two to three times more likely than men to experience an affective disorder such as major depression and panic disorder at some point in their lifetime and many affective episodes occur in the context of reproductive events; menstruation, pregnancy and menopause. Factors that contribute to this vulnerability are likely to have their roots in prepubertal life as menarche heralds the onset of affective



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disorders in women. The Center provides the opportunity for translational research, from rodents to human subjects, investigating the interaction between prepubertal adversity and central nervous system effects of gonadal hormones during times of hormonal flux. In addition, the Center's presence at Penn will stimulate collaboration among investigators already considering sex or gender in their areas of research and encourage others to include such a focus in their scientific endeavors. As this first year of Center funding proceeds, stay tuned for notices about Center happenings and findings.

The PCWBW's Clinical Division has also witnessed important accomplishments. It is with great pride that I announce Dr. Sarah Mathews' certification from the North American Menopause Society (NAMS) as a new Menopause Practitioner. NAMS is a national organization of scientists and clinicians who seek to improve the health and well-being of menopausal women. The certification process provides Dr. Mathews with the most up-to-date training in the psychological care of women during the menopause transition. Please see Dr. Mathews' story in this newsletter. Likewise, Dr. Delane Casiano has been successful in establishing the Maternal Wellness Initiative (MWI) at the Helen O. Dickens Center at the Hospital of the University of Pennsylvania. The Dickens Center provides perinatal care to low-income and disadvantaged women in West Philadelphia. The MWI is one of the city's first mental health programs to fully-integrate with an obstetrics/gynecology service and could not have been possible without a strong commitment from the Philadelphia Department of Behavioral Health and its Commissioner, Dr. Arthur Evans.

The PCWBW's Education Division hosted five summer interns, 2 nursing students, 1 medical student, 3 psychiatry residents and one psychosomatic fellow, and 1 psychology postdoctoral fellow for various lengths of time. The summer internship included undergraduate students from Penn (Sheila Shanmugan), Bryn Mawr College (Grace Ewing), and St. Joseph's University (Stephanie Scalice), and two recent graduates of Villanova (Sarah Conlin) and Penn (Sarah Price). Students were involved in multiple research studies, presented at national scientific meetings and participated in manuscript submissions. Ms. Shanmugan, who is a Penn undergraduate in the Biological Basis of Behavior program, spent the Fall of her senior year completing coursework for her senior honors thesis and published her first manuscript in the journal *Human Brain Mapping*. The Center also welcomed Dr. Liisa Hantsoo who is completing her post-doctoral training after receiving her Ph.D. in health psychology from the University of Ohio. Dr. Hantsoo will be taking the lead on several projects focusing on premenstrual dysphoric disorder as well as stress and health. The PCWBW is also proud to have a 4th year Penn medical student, Kathryn Zgrabbe, participating in a year-long research fellowship funded by the Doris Duke Charitable Foundation. Ms. Zgrabbe is working primarily with Dr. Deborah Kim on projects related to stress, depression and pregnancy.

In wrapping up, it has been a tremendous pleasure working with each of my colleagues at the PCWBW, as well as collaborators from across the university. Our Center has been able to continue its mission to increase knowledge regarding women's behavioral health that will lead to practical change. However, acquisition of federal funding continues to be a challenge and the Center will continue to seek other avenues to fund these important studies and clinical endeavors. We wish you and yours all the best for a healthy, productive and peaceful New Year.

Regards,

C. Neill Epperson, M.D.

C. Neill Epperson

The Research Corner: Spotlight on Vyvanse® Memory Study

During menopause, many women report that they are experiencing problems with their memory and concentration.

These women find that they have difficulty with everyday tasks, such as focusing in meetings, activating for work, and remembering to pay bills, that were not a problem for them before entering menopause. These memory and attentional symptoms are similar to those reported by adults with Attention Deficit

Hyperactivity Disorder (ADHD). Dr. Epperson and her research team at the PCWBW are looking to determine whether a stimulant medication, Vyvanse®, known to improve ADHD symptoms in adults with ADHD, might also improve symptoms in menopausal women which this study hopes to investigate.

The FDA has approved Vyvanse® for the treatment of ADHD in children, adolescents, and adults. Vyvanse is not FDA-approved for the treatment of menopausal symptoms and has not previously been studied for this use.

In our Center's current double-blind, placebo-controlled, cross-over study, menopausal



Study Drug, Vyvanse



fMRI team

women who report experiencing a decline in their memory and concentration since entering menopause each take Vyvanse® or placebo for four weeks before crossing over to the other treatment condition. Additionally, women who choose to participate in an optional neuroimaging component also undergo cognitive testing in a magnetic resonance imaging (MRI) magnet. They are tested at baseline, and again at the end of each study trial. While

Vyvanse® has not been studied to treat the physical symptoms of menopause such as hot flashes, night sweats, and vaginal dryness, this study may provide support for treatments like Vyvanse® becoming an option for menopausal women who have contraindications to estrogen replacement therapy or who experience cognitive difficulties after undergoing oophorectomy and/or chemotherapy. This study and confirmative research is needed to better understand the effects of Vyvanse® in menopausal women.

The women involved in the Memory Study have reported enjoying this experience with clinical research. To date, 39 women have been enrolled.

FAQ...How Do I Get Involved in Research?

A: Contact one of our Clinical Research Coordinators

http://www.med.upenn.edu/womenswellness/studies_menopause.html#Study

For the Vyvanse® Study call Jeanette @ 215-573-8884

PCWBW Specialties and Interests



Lindsay Sortor, Psy.D.

Lindsay Sortor, Psy.D., is PCWBW's senior staff psychologist with expertise in reproductive issues as well as psycho-oncology. When asked what drew her into this field she replied:

"It was early on, during my training, in fact. Over the course of treating many patients in various phases of cancer diagnosis and treatment, I came to appreciate my role as an integral part of a treatment team offering a comprehensive treatment approach within a larger medical setting. I found it immensely fulfilling to be part of a group that prioritized not just the medical outcome, but the quality of life outcome as well."

Although PCWBW sees women for many reasons, Dr. Sortor emphasizes that "anyone coping with a cancer diagnosis or caring for a loved one with cancer would be an appropriate referral."

She goes on to explicate, "while the majority of patients I see have breast or gynecologic cancers and are experiencing not only an assault on their bodily integrity but also a threat to their identity as a woman, the themes of loss, relationship and intimacy changes, anxiety, and finding a 'new normal' are common to any type of cancer diagnosis."

Furthermore, Dr. Sortor asserts that given these significant changes, it can prove quite beneficial for the woman and her partner to attend select sessions so as to focus on clarifying her needs in her relationship, bolstering support, addressing inevitable changes in the relationship dynamic, as well as physical intimacy concerns. "Support is one of the *most* important factors contributing to a healthy quality of life, and as such, improving a woman's sense of support is a main focus in treatment. To this end, it's often exceedingly helpful to spend some time with my patient and her partner."

When asked what such a session might look like, Dr. Sortor explained, "a couples consult allows me to provide information regarding typical dynamic shifts as well as to identify and suggest changes to restore comfort in the relationship, even when the balance itself cannot be restored just yet."

In addition to treating those women diagnosed with cancer, Dr. Sortor also recognizes the importance of providing treatment for those who have found themselves in the role of caregiver. "Often times, the caregivers have the more difficult burden to bear as they not only have to watch their loved one experience illness, but they also have to take on new roles within their family and tolerate the added burden of being unable to directly control the medical outcome of their loved one. And in addition, they must overcome their resistance to taking care of themselves, as caregivers often feel less entitled to such support."

Finally, when asked her advice for women who are considering seeking treatment, Dr. Sortor had this to say:

"I would encourage women to make that call. Don't hesitate. There is nothing to be lost by reaching out for additional support. I would encourage any woman to begin the process of finding a trusted mental health professional with her oncologist. With the shift toward more integrated treatment, oncologists, or the practices to which they belong, are great resources when it comes to additional support, whether it be medical, nutritional, financial, or psychological. And while it's ideal to seek someone with expertise in psycho-oncology, most therapists are trained to help patients navigate through the typical themes associated with medical illness."

"I would encourage women to make the call. Don't hesitate. There is nothing to be lost by reaching out for additional support."

For more information about Dr. Sortor, click here



Sarah Matthews, MD,
NCMP

Dr. Sarah Matthews Reports on Experience at North American Menopause (NAMS) Meeting

I was fortunate enough to attend the 23rd Annual North American Menopause (NAMS) Meeting in Orlando, FL this past October. It was exciting to join with others who are also dedicated to the care of peri- and postmenopausal women. The group

that HRT can be safe and effective, particularly if started early. Prior studies have included more women starting HRT many years after their menopause transition has occurred, and it is likely these subjects have increased risk for negative cardiovascular health outcomes, stroke and cognitive decline. When used early in the postmenopause, HRT seems to have no negative effect on cognition and has potential for cardiovascular benefit and improvement in sexual function. There were also several presentations regarding psychiatric issues during the menopause transition. Many studies have focused on the increased risk for depression during this period, but one study presented at the meeting described the risk for



THE NORTH AMERICAN MENOPAUSE SOCIETY

Promoting women's health at midlife and beyond

consisted of providers from various specialties, including primary care physicians, gynecologists, and nurse practitioners, but fewer numbers of psychologists and psychiatrists. It was wonderful to be able to connect with and learn from colleagues in other fields, and I now feel further compelled to improve the education of mental health care providers in the psychiatric issues common to menopause, and cultivate interest in this growing specialty.

A focus of the conference, as it is most often foremost on the minds of providers and our patients, is the current state of research regarding the safety and utility of hormone replacement therapy (HRT) in postmenopausal women. The newest position statement of NAMS continues to support the use of HRT for women with moderate to severe hot flashes and in the prevention of osteoporosis. It is becoming clearer, through new studies focusing on HRT that is started in the early postmenopause,

anxiety, about which we know much less. The risk for anxiety appears to be increased as well during the menopause transition, occurring even without the presence of the body's arousal during hot flashes. I have seen this in my clinical practice already, and look forward to more research being directed toward our better understanding of the risk factors, mechanism, and treatment of anxiety in this population.

Finally, the conference provided me the opportunity to complete an examination of certification, and I am now distinguished as a Certified North American Menopause Provider (CNMP). This will allow more patients to possibly recognize that treatment during the menopause transition, particularly when mood or cognitive changes are present, can be provided by a psychiatrist specializing in this area.

I look forward to growing this area of my practice even further through this certification.

Click here for more information
about Dr. Matthews

For information on NAMS, please use this link:
<http://www.menopause.org/>

PCWBW Is Proud to Introduce Psychology Post-Doctoral Fellow Liisa Hantsoo, PhD



Liisa Hantsoo, Ph.D.

My name is Liisa Hantsoo, and I am a postdoctoral fellow in the Penn Center for Women's Behavioral Wellness. I have always been interested in the intersection between behavior and biology – as a high school student, I remember being fascinated by the idea that hormones can act on the brain. I was also interested in genetics, and after some iffy high school science fair

projects, was finally able to do proper research in a genetics wetlab as an undergraduate at Johns Hopkins. After finishing my undergrad degree

depression. It gets at the idea of nature versus nurture – except in this case, we're saying that both factors contribute.

We know that hormones can also influence the serotonergic system. I am interested in exploring how stress, the serotonergic system, and hormones interact. I hope to follow this line of research at the PCWBW, where the team has already published a number of great articles on sex hormones and serotonin function in women. Given the PCWBW's lifespan approach, one interest is examining how stressors at different points in the lifespan, characterized by different hormonal milieus, might influence depression or anxiety disorders. For instance, early childhood adversity is associated with risk for depression later in life – but how does this happen?

Early childhood adversity is associated with risk for depression later in life – but how does this happen?

in Neuroscience, I realized that I was interested in exploring this area in humans.

As much as I loved doing research on fish brains (we studied zebrafish), I began to transition to clinical research, and became interested in the biological underpinnings of affective disorders, such as depression. During my doctoral training at Ohio State, I began to focus on gene x environment interaction models. This is the idea that some genetic vulnerability (in this case, a polymorphism in a serotonin-related gene, 5-HTTLPR) interacts with an environmental stressor (such as childhood adversity, or chronic stress in adulthood) to produce an outcome such as

Can we parse out what some of the biological pathways for this might be? If there is a vulnerability in the serotonergic system, how is this impacted by ovarian hormone fluctuations? These are all very interesting questions that we are just starting to unravel.

In addition to research, I see patients for psychotherapy at the PCWBW, as my Ph.D. is in Clinical Psychology with an emphasis in Health Psychology. My clinical interests also focus on stress, depression, and anxiety, and I often use cognitive-behavioral and mindfulness approaches with patients.

Dr. Hantsoo was excited to present a poster on her research at a conference during the Society for Neuroscience 2012 Annual Meeting in New Orleans, LA

To learn more about Dr. Hantsoo's interests, please download a copy of her poster by using this link

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Top Doctors
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Women's behavioral

wellness at any age...

As women, we face many unique and challenging barriers to excellent sexual, mental and behavioral health. The research team at the Penn Center for Women's Behavioral Wellness is dedicated to studying these differences and discovering ways to minimize those barriers. We need your help in this quest. The future of women's health research is in your hands.

Contact our research team members today to find out how you can make a difference.

215-41-STUDY

 Penn Medicine

Penn Center for Women's Behavioral Wellness

3535 Market Street
Philadelphia, PA 19104
215-41-STUDY

<http://www.med.upenn.edu/womenswellness/studies.html>



According to the World Health Organization, DEPRESSION is the LEADING cause of DISEASE burden for WOMEN in the United States and throughout the world.

Why women experience depression and anxiety disorders more often than men is not yet known. However, hormone effects on the brain during development and throughout the female lifespan are thought to be important contributors.

At the Penn Center for Women's Behavioral Wellness, our clinicians have decades of experience in the evaluation and care of women with behavioral health concerns related to issues specific to women. Our clinicians provide ongoing psychological or psychiatric care using a full range of therapeutic options. We also work closely with referring physicians to design the best

treatment plan for each individual. Areas of expertise include behavioral health issues related to:

- PMS/Premenstrual Dysphoric Disorder
- Polycystic Ovarian Syndrome
- Psychiatric disorders during pregnancy
- Postpartum depression and anxiety
- Pregnancy loss/infertility
- Cancer diagnosis and treatment
- Menopause
- Cognitive aging
- Medical disorders

To schedule a consultation with one of our clinicians, please contact us at 215-573-8886.

 Penn Medicine

Penn Center for Women's Behavioral Wellness

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The future of women's health is in your hands. Learn how you can support research today. For more information visit our website.

Pictures: Sarah Mathews, M.D., Dolane Casiano, M.D., C. Neill Epperson, M.D., Lindsay Sontor, Psy.D., Deborah Kim, M.D.

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Ultimate Guide to Italian Food
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Additional information about the PCWBW can be found by visiting our website:
<http://www.med.upenn.edu/womenswellness/>

To make an appointment with one of our doctors, please contact our front desk by calling:
215-573-8886