

IN THE NEWS

OCD Educational Event – Save the Date



On December 5, 2015, Lindner Center of HOPE will be offering a full day educational event for clinicians on “Advances in the Treatment of OCD and Comorbid Disorders.” Topics covered will include an overview of the diagnosis and treatment of OCD, treatment of individuals with OCD and eating disorders, advances in pharmacological approaches and medical procedures for treating OCD, OCD and addiction treatment, diagnosing and treating Pediatric Autoimmune Neuropsychiatric Syndrome (PANS), and treatment of morbid and violent obsessions.

Presenters will include research and clinical faculty of the University of Cincinnati’s Department of Psychiatry including **Dr. Susan McElroy**, who is internationally known for her research in bipolar disorder, eating disorders, OCD, obesity, and impulse control disorders. In addition, presenters will also consist of members of the Lindner Center of HOPE’s OCD and Anxiety Disorder Treatment program, such as Charles

Brady PhD and Jennifer Wells, LISW. Six CME hours for physicians, nurse practitioners, psychologists, and social workers and counselors will be offered. Please contact Pricila Gran at pricila.gran@lindnercenter.org or (513) 536-0318 for additional information.

More on the Web - lindnercenterofhope.org

> Library of Resources

This library offers resources that will enhance the understanding of mental illness, specific diagnoses, and treatment options.

> Treatment Teams

Lindner Center of HOPE has a diverse team offering patients and families expertise in diagnosis and treatment.

> Support Groups

Review the list of support groups available at the Center.

> For the Patient with Complex, Co-Morbid Needs

A short-term residential treatment center where clinicians are dedicated to bringing the latest treatment methods to optimize successful patient outcomes. Call (513) 536-0537 to learn more about Sibcy House.

www.lindnercenterofhope.org

(513) 536-HOPE (4673)

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Interested in touring
Lindner Center of HOPE?

Contact Jennifer Pierson at (513) 536-0316.

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PSYCHIATRY AND PSYCHOLOGY NEWS FOR MENTAL HEALTH PROFESSIONALS

SEPTEMBER 2015



Events

October 6

Grand Rounds: Michael O’Hearn, MSW, LISW-S presents on the topic **Self-Organization of Couples and Family Therapy: A Complexity-Based Clinical Model** at Noon, Lindner Center of HOPE Gymnasium/Conference Center

October 8-10

YATA 2nd Annual Conference, Building Resilience, University of Colorado Boulder

October 9-13

NAADAC Annual Conference in Washington DC, Christ Tuell, EDD, LPCC-S, LICDC, presents: **Process Addiction and the Addictive Brain**

Patient Satisfaction

Patient Satisfaction results for August 2015 averaged a rating of **4.47 out of 5**, with 5 signifying the best possible care.



The Function of the Anorexic Brain: A Neurobiological Perspective

By **Scott Bullock, MSW, LISW-S, Lindner Center of HOPE, Clinical Director and Family Therapist Child/Adolescent Services, Harold C. Schott Foundation Eating Disorders Program Clinical Consultant, Cincinnati Children’s Hospital and Medical Center at The Lindner Center of HOPE University of Cincinnati, Department of Psychiatry and Behavioral Neuroscience, Adjunct Instructor**

Despite numerous recent advances in the field of brain research, our understanding of the principles that guide the development and operation of the brain and its complex functioning remains elusive. This is particularly true when attempting to understand a multi-faceted illness as anorexia nervosa (AN), however having a comprehensive grasp on the neurobiology on AN brain is mandatory for successful treatment. Thus, with the narrative below, we will be providing some fundamental assumptions about the neurobiology of AN brain, as researched extensively by Dr. W. Kaye.

In AN all body organs, including the brain suffer from malnutrition. Malnutrition affects all parts of the brain and especially the anterior insula. This region acts as the “brain switchboard” assuring that all parts of the brain adequately communicate with each other. The anterior insula plays a key role in the brain’s ability to recognize and process the connection between emotions and cognition and when affected in AN patient, presents with typical symptoms of altered taste, abnormal response to pleasurable foods and body distortions. The neurotransmitters dysregulations in AN are very complex and involve many systems, circuits and brain regions. To date, most research has focused on serotonin function and dopamine/reward systems function that are found to be compromised in AN as briefly outlined below.

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Serotonin

Brain imaging studies suggest alterations of 5-HT1A and 5-HT2A receptors and the 5-HT transporter in AN. Dysfunctions of these circuits may affect mood and impulse control as well as the motivating and pleasurable aspects of food consumption leading to a dysphoric mood. In an attempt to reduce their dysphoric mood, the patients engage in dieting and exercise which results in malnourishment of the brain leading to the lowering of tryptophan and steroid hormone metabolism. This then reduces serotonin levels at these critical sites, further increasing dysphoric mood thus perpetuating starvation. This becomes a cyclical action as the patient tries to control their dysphoric mood while driving themselves deeper into the illness.

Ref: Kaye, Walter H., Fudge, Julie L., and Paulus, Martin. New Insights into symptoms and neurocircuit function of Anorexia Nervosa. Nature Reviews/ Neuroscience. 10, 573-587 (2009)

Dopamine and Reward System

Dopamine system dysfunction might contribute to altered reward and affect, decision-making and executive control, and decreased food ingestion in patients with AN. Dysregulation in this circuit might contribute to patients with AN not being able to correctly act on immediately important tasks but rather focusing on planning and remote consequences.

In conclusion, this is just a glimpse of the complex function of the Anorexic brain. Genetics, puberty, stress, trauma, cultural and social expectations as well as the temperament of the individual also play important roles in the development of AN in adolescents.

Research Institute at Lindner Center of HOPE to Test Medication for Intermittent Explosive Disorder (IED) Treatment

Before the end of August Lindner Center of HOPE researchers anticipate recruiting for a new medication trial that could impact the treatment of Intermittent Explosive Disorder (IED). IED, characterized by an inability to resist aggressive urges and explosive outbursts, affects six percent of the general population with no designated medications currently available for treatment.

The exploratory Phase II study, expected to begin in mid to late August, has been designed to examine the efficacy, safety and tolerability profile of the novel V1a vasopressin antagonist (SRX246) against placebo, in adults meeting the DSM-5 (Diagnostic and Statistical Manual) criteria for IED. A large body of translational research indicates that blocking the vasopressin (V1a) receptor might be a plausible form of treatment. Studies have found that vasopressin (V1a) has an established role in signaling social and emotional behavior, including aggression.

DSM-5 criteria for IED defines it as recurrent behavioral outbursts representing a failure to control aggressive impulses as manifested by either:

- Verbal aggression or physical aggression toward property, animals or other individuals, occurring, on average, twice weekly for a

period of three months. The physical aggression does not result in damage or destruction of property and does not result in physical injury to animals or other individuals.

- Three behavioral outbursts involving damage or destruction of property and/or physical assault with physical injury against animals or other individuals occurring within a 12-month period.

The behavior is distressing for the individual and is not premeditated and not due to another psychiatric illness.

Watch a clip at: www.local12.com/health/features/medical-edge-reports/stories/Medical-Edge-Study-on-Intermittent-Explosive-Disorder-191561.shtml to learn more.

The clinical trial is seeking to recruit males and females age 18 to 55 with moderate IED. Candidates with substance abuse disorders, compromised medical health or currently taking psychotropic medications will not be eligible to participate. Those meeting criteria should expect to participate in 8 weeks of treatment.

If interested in participating in the trial, contact (513) 536-0710.

Openings in DBT Groups

Lindner Center of HOPE has openings in their Dialectical Behavior Therapy groups, both afternoon and evening groups. To refer someone, please call Kelly at (513) 536-0634.



RESEARCH UPDATE

Research Institute at Lindner Center of HOPE to Study Effect of Lisdexamfetamine on Prefrontal Brain Dysfunction in Binge Eating Disorder

In the beginning of 2015, the US Food and Drug Administration (FDA) approved Vyvanse® (lisdexamfetamine dimesylate) capsules as the first and only treatment for adults with moderate to severe BED. Now, the Research Institute at Lindner Center of HOPE is participating in a 12 week open label study of Lisdexamfetamine (LDX/ Vyvanse) in participants with binge eating disorder.

The goal is to compare the brain functioning as observed with fMRI in binge eaters who are taking Vyvanse® as compared to controls. Staff will examine the effects of LDX treatment on frontal lobe and striatal brain activation in BED patients undergoing 12 weeks of open-label treatment with LDX. The overall hypothesis is that patients with BED suffer from dysfunction of reward/emotional brain systems, especially in response to food cues, and that prefrontal and striatal brain regions that mediate affect and decision-making will normalize in response to food cues after 12 weeks of LDX treatment. Inclusion criteria include: subjects will meet the DSM-IV-TR criteria for a diagnosis of binge eating disorder (BED) for at least the last 6 months; will report at least 3 binge eating (BE) days per week for the 2 weeks prior to LDX initiation prospectively documented in take-home binge diaries and are women, through the ages of 18 and 55 years, inclusive. Of note, for this study overweight and obese women are also being recruited as healthy controls. Reimbursement for time and travel is provided.

Open for enrollment September 15, 2015. Call (513) 536-0710.

Open-label study to evaluate Phentermine/topiramate extended release (PHEN/TPM ER; Qsymia®) in ten subjects with overweight or obesity and DSM-V Binge eating disorder (BED)

The Research Institute at Lindner Center of HOPE is participating in a 12 weeks open label study of Qsymia in binge eating disorder. Qsymia is indicated as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in adults with an initial body mass index (BMI) of 30 kg/m² or greater (obese) or BMI of 27 kg/m² or greater (overweight) in the presence of at least one weight-related comorbidity such as hypertension, type 2 diabetes mellitus, or dyslipidemia. The hypothesis is that this medication will decrease urges to binge eat and help weight loss in BED patients. Inclusion criteria: male or female subject between 18-65 years of age meeting the Diagnostic and Statistical Manual of Mental Disorders 5th Edition (DSM 5) criteria for BED who are overweight or obese.

Open for enrollment. Call (513) 536-0710.