

Residents' Journal

June 2008: Volume 3, Issue 6

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We are coming to the close of the second academic year of the Residents' Journal of the *American Journal of Psychiatry*. The first year's issues were produced by *Journal* staff editor Lisa Devine, in response to residents' wishes for a synopsis of important articles and a *Journal* Club Kit with a target article, a perspective on the article, and accompanying questions. This was material that residents specifically asked for and we were pleased to provide it. Dr. Susan Schultz, Professor of Psychiatry at the University of Iowa and one of our Deputy Editors, and I wrote columns to accompany the material and to orient new readers of the *Journal*.

The second year, which is just ending, saw several changes. We began archiving the Residents' Journal on the *American Journal of Psychiatry* web site (ajp.psychiatryonline.org) in response to a request for a permanent archive. At our yearly joint meeting with the Committee of Residents and Fellows (CORF) during the APA annual meeting, we decided to incorporate "Resident Editors" for each issue. This past year's Resident Editors were recognized in the May issue of the *Journal*. Dr. Sarah Guzofski, our first Resident Editor, set a high standard in the September issue with a masterful interview of then APA President Carolyn Robinowitz about advocacy. In his issue in October, Dr. Vishal Madaan explored issues facing international graduates with former APA President Pedro Ruiz. In November, Dr. Anna Gross drew out the best of Dr. Paul Appelbaum, one of APA's leading forensic psychiatrists, on legal issues surrounding patient suicide. In February, Dr. Paul O'Leary wrote about choices that residents make about their own well-being. In March, Dr. Jennifer McLaren produced a truly insightful issue about the experience of pregnancy during residency. Finally, Dr. Todd Young created a provocative issue in April on the effect of DSM-IV on clinical training.

The Resident Editor of each issue works with Lisa Devine, Susan Schultz, and myself to produce three articles. Each issue generally includes two opinion pieces, research summaries, or book reviews by fellow residents and an interview of someone in the field, perhaps a well-known figure like Dr. Robinowitz. No one had ever turned down a resident for an interview until Dr. Aashish Parikh asked to interview someone about conflicts of interest in the pharmaceutical industry for his January issue. I often help Resident Editors to

secure interviews, and I had several prominent people turn me down until Dr. Patricia Suppes, one of the *Journal's* Associate Editors, stepped forward. Tricia told me that it took a great deal of work by Aashish, whom she came quickly to respect, and herself to get the interview just right, but she appreciated the experience because it clarified her own thinking on this always difficult issue.

This month there is no Resident Editor, as residents are beginning their transition to graduation or to more advanced training. Residents who would like to edit an issue should contact Lisa Devine at ldevine@psych.org. This month we are pleased to publish two interesting articles that were contributed directly to the *Journal* web site by your peers. Any type of article can be contributed to the Residents' Journal at <http://mc.manuscriptcentral.com/appi>. You do not need to be asked by a Resident Editor in order to contribute. Book reviews, summaries of original research, opinions, and interviews are all welcome. Articles are peer reviewed and copyedited, as is true with all *Journal* articles. The Resident Editor for the issue or I decide when to publish these additional articles.

One of the privileges of editing the *American Journal of Psychiatry* and initiating the Residents' Journal is that we help open doors for people with gifts that are greater than we could have imagined. Every week at the *Journal* we receive articles of truly breathtaking scope and importance, contributed by authors who wish to use our pages to reach psychiatrists around the world. The Residents' Journal has already garnered that same respect. What the Resident Editors have accomplished this past year is far greater than any of us could ever have imagined.

Robert Freedman, M.D.

[This column also appeared in the May 2008 issue.]



Finding Medications for the Uninsured: The Pitfalls of Prescribing Samples

Paul P. Christopher, M.D., and Noah S. Philip, M.D.

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Psychiatry residents serve an important role at many institutions by providing care to indigent populations (1). To help offset the cost of prescription medications for patients, many residents rely on free samples from pharmaceutical companies. While well intentioned, this practice poses potential pitfalls for resident training, prescription health care costs, and patient care.

Pharmaceutical representatives enjoy unsuper-

vised access to residents at many psychiatry training sites through sponsored lunches and dinners and by providing free samples (2, 3). The effect of

these interactions with pharmaceutical representatives on residents' future prescribing practices is well established (4–7), although psychiatry residents may not fully appreciate these influences (3).

The costs associated with the preferential use of medications under patent or exclusivity protection are significant. In 2001, antidepressants were the top selling category for all medications, grossing \$10.4 billion; antipsychotics and anxiolytic medications grossed \$3 billion and \$2.4 billion, respectively (8). Because major depression and other psychiatric disorders remain underdiagnosed and undertreated (9, 10), spending on these medications is likely to continue to increase.

Even without patent and exclusivity expirations, sample availability often fluctuates (11). By targeting "patient-level data," pharmaceutical companies may divert samples away from providers most likely to treat uninsured patients, while also seeking to decrease "cannibalization," or loss of potential revenue due to oversampling (12, 13).

In our own practices we have experienced shortages of sample medications with several years of remaining patent protection. These shortages can potentially lead to patients experiencing discontinuation symptoms and worsening of symptoms, unnecessary risks for patients already in a precarious position. Sudden discontinuation may also jeopardize the therapeutic alliance.

There are many viable alternatives to samples. These include low-cost monthly prescriptions from large chain stores, patient assistance programs (PAPs), and mail-order pharmacies. Several web sites, both nonprofit (e.g., www.needymeds.com)

and industry supported (e.g., www.rxassist.org and www.pparx.org), offer centralized access to application forms for PAPs, with alphabetical lists of medications by both generic and brand names. Qualifying patients receive a 90-day supply of medication, with an option for delivery to the provider. Unfortunately, eligibility criteria are often stringent: 300% below the poverty level for many, with reenrollment required every 6–12 months. PAPs also require that the provider take additional

time for paperwork and telephone calls.

Several mail-order pharmacies offer discounted prescriptions for numerous medications, with 90-day supplies ranging from \$20–\$40 (e.g., www.rxoutreach.com and www.xubex.com). Alternatively, Wal-Mart and Target sell 30-day supplies of many generic medications for \$4. All of these services carry multiple selective serotonin reuptake inhibitors, tricyclic antidepressants, mood stabilizers, and first-generation antipsychotics.

Finally, by identifying these alternatives to sample use we are not suggesting they remedy the underlying health disparities facing uninsured patients. However, in the absence of a system that guarantees broader access to care, defaulting to sample use ensures, at best, an irregular supply of medication, and, at worst, an unnecessary risk for our patients.

The authors thank Katharine Phillips, M.D., for her mentorship.

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What's Your Opinion? Let us know what you think about any of the content in this month's issue of *The Residents' Journal*. Send your brief comments to ldevine@psych.org. A selection of comments will be published in an upcoming issue in the "Second Opinion" section.

Book Review

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The Center Cannot Hold: My Journey Through Madness, by Elyn R. Saks. New York, Hyperion, 2007, 340 pp., \$24.95.

There are many reasons why you, a psychiatry resident, may find that reading Elyn R. Saks' *The Center Cannot Hold: My Journey Through Madness* is worth a chunk of your rare discretionary time. The first reason would have to be the compelling nature of the story told by Saks, who holds unprecedented dual appointments in both law and psychiatry at the University of Southern California and who is recognized as a national authority on and advocate for the legal rights of the mentally ill.

Saks begins her narrative with a description of a troubled but not so far from normal childhood and adolescence. In hindsight, her unexplained fears, eating disorder, and drug experimentation during that period likely foreshadowed her later difficulties with paranoid schizophrenia. At that time, however, Saks and her family wanted badly, and understandably, to believe that these were isolated and fleeting difficulties.

A very successful 4 years at Vanderbilt, which culminated with the award of a Marshall Scholarship for graduate studies at Oxford University, seemed to confirm that line of thinking. Even after experiencing her first full-blown psychotic episode while in Britain, including hospitalization and

extensive psychoanalytic treatment, Saks was able to finish her course of study and earn a spot at Yale Law School. It seemed, perhaps, that the rough hand she had been dealt might be temporary.

At Yale it became clear that Saks' difficulties were to be chronic in nature. The description of the psychotic break Saks experienced during her first year of law school and the contrast between the no restraints, unlocked ward policies of Britain and the severe treatment she faced in New Haven makes for brutal reading. The string of psychotic episodes, hospitalizations, and associated struggles Saks' faced during her completion of law school and subsequent legal career make it clear how much raw courage and creativity it took, and still takes, for her to navigate the legal and academic worlds.

On a different, more clinical level, I found reading this book to be a valuable exercise for a psychiatry resident because of the amount of insight Saks, a very high-functioning individual with schizophrenia, provides regarding the disease process. She gives her readers a chillingly frank explanation of the feelings and thoughts associated with sliding into a psychotic episode, why she sometimes went against medical advice and stopped taking medications, and what it was like to be treated as less than human by an unfortunate percentage of the psychiatric establishment. The descriptions Saks provides regarding her own inner

dialogue during various phases of psychosis, such as why it made sense at the time to believe that her own negative thoughts were responsible for genocides and stock market crashes, were difficult to read but extremely enlightening.

Finally, I valued the experience of reading this book for the attitude adjustment it provided regarding my own approach to seriously ill patients. Granted, a very small percentage of psychotic patients we treat will be tenured professors with books on the bestseller list and briefs before the Supreme Court. It was an important wakeup call for me to be reminded that the disheveled, psychotic person in front of me may indeed be capable of those things, and, regardless of whether they are or not, they deserve to be treated with as much respect and dignity as the well-groomed cardiac patient in the next ward.

Correction

In the article "The SSRI Safety Controversy: A Resident's Perspective," by Andrew Nanton (published online May 2, 2008; <http://ajp.psychiatryonline.org/cgi/data/165/5/A62/DC2/1>), a paragraph not written by Dr. Nanton was inadvertently included in the article. The version that now appears online is the correct version.

Are you getting the full story? In addition to this online edition of the Residents' Journal, there is an e-mail portion delivered each month. This month's e-mail highlights a comparison of ADHD medications and a unique case conference that describes a patient who received deep brain stimulation after the treatment effects of a cingulotomy had diminished.

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