BINGE EATING DISORDER (BED) CONSUMES HER

People with BED may feel trapped by compulsive eating behavior and obsessive thoughts around food¹⁻³

BINGE EATING

DISORDER

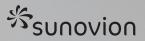
BED is a neuropsychiatric condition that has been shown to significantly impact a patient's life, affecting both work and personal interactions.^{4,5} But deep shame and guilt may cause people with BED to hide their symptoms⁴—even from their psychiatrists. Careful probing about BED symptoms may help patients feel more comfortable, so they don't shut down the conversation.⁶

Visit BurdenofBED.com to learn more and to download a Conversation Starter

Start the BED conversation

References: 1. Deal LS, Wirth RJ, Gasior M, et al. Int J Eat Disord. 2015;48(7):994-1004. 2. McElroy SL, Phillips KA, Keck PE, Jr. J Clin Psychiatry. 1994;55(10) suppl:33-51. 3. Beglin SJ, Fairburn CG. Am J Psychiatry. 1992;149(1):123-124. 4. American Psychiatric Association. Binge eating disorder. In: Diagnostic and Statistical Manual of Mental Disorders, 5th ed. Arlington, VA: American Psychiatric Association; 2013:350-353. 5. Rieger E, Wilfley DE, Stein RI, et al. Int J Eat Disord. 2005;37(3):234-240. 6. Kornstein SG, Keck PE Jr, Herman BK, et al. Postgrad Med. 2015;127(7):661-670.

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2.5 million treatments¹

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our strategy in providing a path to remission² is paved with our data driven philosophy and durability.³ That's why NeuroStar[®] Advanced Therapy is backed by the largest clinical data set in TMS for treating major depressive disorder (MDD).

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INDICATION

NeuroStar Advanced Therapy is indicated for the treatment of Major Depressive Disorder in adult patients who have failed to receive satisfactory improvement from prior antidepressant medication in the current episode. NeuroStar Advanced Therapy is only available by prescription. A doctor can help decide if NeuroStar Advanced Therapy is right for you.

IMPORTANT SAFETY INFORMATION

The most common side effect is pain or discomfort at or near the treatment site. These events are transient; they occur during the TMS treatment course and do not occur for most patients after the first week of treatment. There is a rare risk of seizure associated with the use of NeuroStar TMS (<0.1% per patient).

NeuroStar Advanced Therapy should not be used with patients who have non-removable conductive metal in or near the head. NeuroStar Advanced Therapy has not been studied in patients who have not received prior antidepressant treatment.

Please visit NeuroStar.com for full safety and Prescribing Information.

Advanced Therapy

- 1. Neuronetics Inc. Data on file.
- **2.** Carpenter LL, et al. (2012). *Depress Anxiety* 29(7):587–596.
- 3. Dunner, D.L., et al. (2014). J Clin Psych; 75(12):1394-1401.

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Six Things Every Health Care Provider Should Know

Providers who treat people with mental health conditions have an important role to play in their patients' ability to guit using tobacco products. Here are six things that every provider should know:

treatment is an important part of mental health treatment.

Providers who treat people with mental health conditions are well positioned to help patients successfully quit tobacco use and enjoy the mental, emotional, and physical benefits of a tobacco-free life. Smoking cessation treatments work.

Medicaid will cover repeated treatment and prescriptions because it can take multiple attempts before patients quit successfully. Medicaid covers nicotine replacement therapies (NRT) - patch, gum, lozenge, inhaler and nasal spray; and two nonnicotine oral medications (pills) – bupropion SR (brand names Zyban or Wellbutrin) and varenicline (brand name Chantix).

4. The high rates of smoking among people with mental health conditions have devastating health consequences.

Smoking-related diseases such as cardiovascular disease, lung disease, and cancer are among the most common causes of death among adults with mental health conditions.² Despite the heavy disease burden, a US national survey of mental health treatment facilities found that only about one-quarter provided services to help patients quit smoking.³

References

- 1. Centers for Disease Control and Prevention. (2013). Vital signs: Current cigarette smoking among adults aged ≥18 years with mental illness— United States, 2009–2011. Morbidity and Mortality Weekly Report, 62(5), 81-7.
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- data/sites/default/files/Spot148_NMHSS_Smoking_Cessation/NMHSS-Spot148-QuitSmoking-2014.pdf. Accessed January 15, 2016 4. Prochaska, J. J. (2011). Smoking and mental illness Breaking the link. New England Journal of Medicine, 365(3), 196-198.
- 5. Siru, R., Hulse, G. K., & Tait, R. J. (2009). Assessing motivation to guit smoking in people with mental illness: a review. Addiction, 104(5), 719-733.

1. Providing smoking cessation

Treating tobacco use is an important part of mental health treatment.

SAVE LIVE

Double your patients' chances of quitting with counseling and medication.



TalkToYourPatients.health.ny.gov

U.S. Dept. of Health and Human Services, Public Health Service, Treating Tobacco Use and Dependence Clinical Practice Guideline 2008 Update

Treating Tobacco use is an Important Part of Mental Health Treatment

2. Medicaid reimburses for counseling and covers **FDA**-approved smoking cessation medications, including over-the-counter therapies with a fiscal order.

5. Many smokers with mental health conditions want to and are able to quit smoking.⁴

Research has shown that adult smokers with mental health conditions—like other smokers—want to quit, can quit, and benefit from proven smoking cessation . treatments.⁵

3. People with mental health conditions smoke at rates that are at least two times higher than the general population.¹

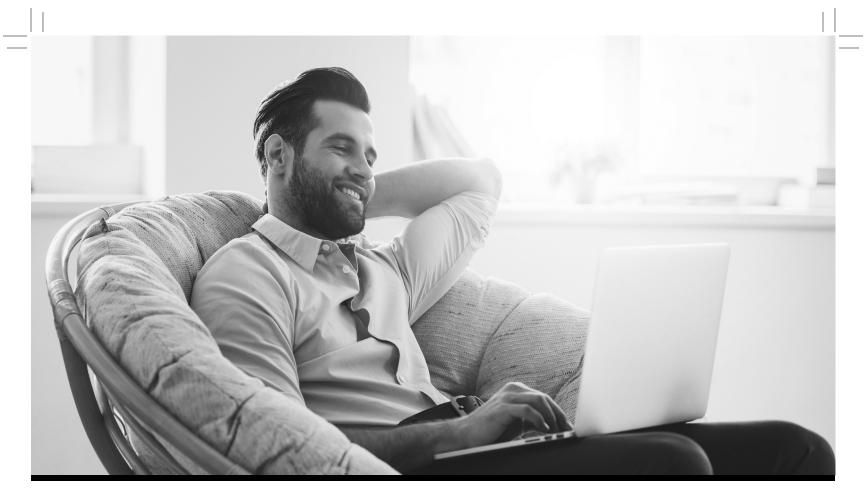
They may also smoke more heavily and frequently, compared to those without mental health conditions. The Centers for Disease Control and Prevention estimates that nearly one third (31%) of all cigarettes consumed in the United States are smoked by people with mental health conditions.1

6. Quitting smoking will not interfere with mental health recovery and may have mental health benefits.

Smoking is not an effective mental health treatment strategy. On the contrary, smoking is associated with poor clinical outcomes, such as greater depressive symptoms, greater likelihood of psychiatric hospitalization, and increased suicidal behavior.4

2. Druss, B. G., Zhao, L., Von Esenwein, S., Morrato, E. H., & Marcus, S. C. (2011). Understanding excess mortality in persons with mental illness: 17-Year follow up of a nationally representative US

3. Substance Abuse and Mental Health Services Administration. (2014). The National Mental Health Services Survey. (N-MHSS) data spotlight report. November 25, 2014. http://www.samhsa.gov



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