The American Journal of Psychiatry

Residents' Journal

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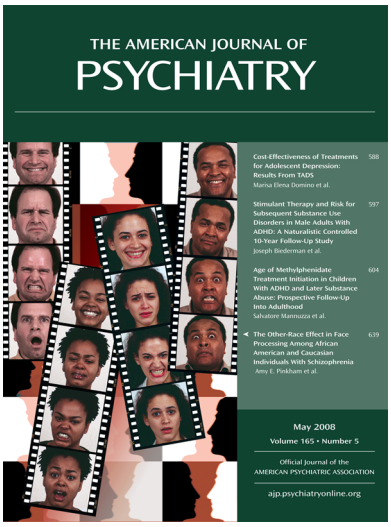
Contents



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 during the APA annual meeting, we decided to incorporate "Resident Editors" for each issue. This year's Resident Editors are 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 APA President Carolyn Robinowitz about advocacy. In his issue in October, Dr. Vishaal 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 our web site 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 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.

We meet again, for the third time now, at the APA annual meeting on Tuesday, May 6, from 3:00 p.m. to 5:00 p.m. at the Grand Hyatt Washington (Burnham Room, on the Constitution Level). Dr. Molly K. McVoy, chair of the Committee of Residents and Fellows, will co-chair the meeting with me. Molly and I have been talking about what residents might ask for. We think that the Residents' Journal could become a forum for residents' opinions, and we will discuss whether there might be interest in a section for e-mail commentary on published articles or other issues, similar to the "Letters to the Editor" feature in the *Journal*.

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 year is far greater than any of us could ever have imagined.

The SSRI Safety Controversy: A Resident's Perspective

Andrew G. Nanton, M.D.
Department of Psychiatry, Duke University

"I have yet to see any problem, however complicated, which, when you looked at it in the right way, did not become still more complicated."
—"Call Me Joe," by Poul Anderson

As residents, we are starting our careers in an era of change. The Hippocratic aphorism that "life is short, [the] art long" is a sobering reminder that we are not the first to be humbled by the staggering depth of medical knowledge. The difference for us is that the pace of advancement is accelerating. Our generation will likely see our understanding of disease and treatment change over months rather than a lifetime. This reality is simultaneously daunting and exciting. It means that the way we learn to think will be more important than the knowledge we acquire. Relentless revision forces us to routinely reexamine our clinical decisions.

The reality of this pace of change became glaringly apparent to me when I endeavored to write about the role of selective serotonin reuptake inhibitor (SSRI) use in the management of suicidal adolescents. The role of these medications in depressed children, adolescents, and now young adults is in a state of flux, and risk in the elderly has also been suggested (1). The alarming pace of advancement is never so clear as when a topic becomes an intense focus of study. Each time I sat down to write, I found several new articles addressing the safety of SSRIs and their link to suicidality. Clearly this issue is on the outer edge of rapid change, yet it prompted me to review my personal approach to staying current with advances in the field. Revising my practice daily seems almost as ridiculous as not revising it at all. The change in risk with SSRI use is, after all, just a small part of the comprehensive risk assessment. Obviously not every article changes my practice. Even so, how do I find the articles that will tip the balance? It seems that the little black bag of today's psychiatry trainee is filled not with bromides and tonics but an Internet connection and scientific databases. An understanding of the problem is the first step.

My patients are largely adolescents, so that is where I began. A series of studies has suggested that a small but statistically significant number of adolescents treated with SSRIs may demonstrate an increased risk of suicidal ideation (2–4). The number potentially demonstrating this risk is small, but the nature of the risk is obviously serious and directly at odds with our goals of treatment. The connection between SSRI-related suicidal ideation and subsequent suicide attempts is sporadic and conflicting (5, 6). This suggested increase in risk is against a backdrop of studies that suggest a correlation between declining prescription rates of SSRIs and increased adolescent suicidality (7, 8). A final piece to this puzzle is that increased suicidal ideation, and even suicide attempts, may not outweigh the relatively low risk of completed suicide with SSRI treatment (9).

Assessment of suicide risk is difficult, given the thankfully low base rate. Although prediction of absolute risk is not possible, a systematic review of risk can assist in overall risk stratification. Before considering the change in risk related to SSRIs, there are a number of previously established factors to help determine a patient's risk of suicide. Race, gender, and socioeconomic factors account for significant differences in suicide rates, with a 20-fold difference in rates between the highest and lowest risk groups (10). Comorbidity also helps to stratify risk; in particular, generalized anxiety disorder or a disruptive behavior disorder seem to increase risk of suicidality (11). Of course, a personal history of suicide attempts and a family history of suicide remain some of the strongest predictive factors (12, 13). With these broad risk factors in mind, one must consider what is going on with the individual patient *right now*. Does the patient have access to a gun (14)? Have they recently ended a relationship, lost someone, been incarcerated, or dropped out of school? Proximal stressful life events have also been associated with elevated risk (15).

Although this approach may reflect today's best data, those data are continuously being refined. The SSRI controversy underscores the interface where evidence-based practice meets the art of patient care. Armed with current information, we can meaningfully weigh the data against our experience and the unique needs of our patients seeking relief from suffering. This complexity underscores the irony of psychiatry's resistance to the incorporation of evidenced-based practice. Psychiatry has a valuable tradition of introspection into our own biases and vigilance about our assumptions. These values mesh well with our present charge of constantly reevaluating the way we make clinical decisions. Can we remember the same lesson that we attempt to instill in our psychotherapy patients, which is that we must learn to be flexible in our views or we sharply limit the effectiveness of our problem solving? If this emphasis on self-examination is an advantage over our colleagues in other specialties, we will certainly need it. Few other areas of medicine are in the midst of shifting so many core assumptions.

The way in which we learn to be flexible and the habit we foster of constantly striving toward an unobtainable ideal of objectivity will mark the course of our discipline. We must honor this responsibility with the gravity it deserves. The SSRI controversy is merely one of the first in an inevitable chain. Can we learn to balance the humility of revising our decisions with the courage to act when necessary? Can we learn to balance new data with our own biases and clinical experience? This byzantine calculus must necessarily be further influenced by the wishes of our patients. These are the kind of challenges that I look forward to facing in my lifetime.

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.

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A to Z List of "Buzzwords" for the Boards

Rajkumar K. Kalapatapu, M.D.
Department of Psychiatry, Indiana University School of Medicine

As I prepare for the American Board of Psychiatry and Neurology's Part 1 examination in Psychiatry, it is evident that there is a significant amount of information to review. Over the past several months of studying several resources (1–5), I have observed that there are many syndromes, diseases, and phenomena that have special names or that are named after people. One way I thought of organizing this wide array of material was to make an "A to Z" list of these items (Table 1). I hope readers find this method of organizing a subset of board review material useful in their preparation for such examinations.

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Abductor sign	Actus reus	Adamkiewicz artery
Addison's disease	Adie's tonic pupil	Adson's sign
Alexander technique	Alexia without agraphia	Alien hand syndrome
Alzheimer's disease	Anankastic personality disorder	Angelman's syndrome
Anti-Hu antibody	Anti-Ma2 antibody	Anti-MuSK antibody
Anti-Yo antibody	Anton's syndrome	Argyll Robertson pupil
Arnold-Chiari malformation	Asperger's disorder	Astasia-abasia
Autoscopic hallucination	Auxiliary ego	Babinski's sign
Balint's syndrome	"Band-aid" phase	Bannwarth's syndrome
Battle's sign	"Bat-wing" ventricle	Beck's cognitive triad
Becker's muscular dystrophy	Behçet's syndrome	Bell's palsy
Bender-Gestalt test	Benedikt's syndrome	Binswanger's disease
Black bone-spicules	Bleuler's four A's	Boston Process Approach
Bowen's family systems theory	Brandt-Daroff exercises	Briquet's disorder
Broca's aphasia	Brown-Séquard syndrome	Brudzinski's sign
Brunner syndrome	Brushfield spots	Cacosmia
CADASIL	Campbell de Morgan spots	Carpet carrier's palsy
Cenesthetic hallucination	Chaining	Charcot joint
Charcot-Marie-Tooth disease	Charcot's triad	Charles Bonnet syndrome
Cherry angioma	Chinese restaurant syndrome	"Choo-choo" phenomenon
"Christmas tree" cataract	Chvostek sign	de Clérambault's syndrome
Cloninger's typology	Cockayne syndrome	Cornelia de Lange syndrome
Corpus Luysii	Cotard's syndrome	Count of Monte Cristo syndrome
Couvade	Cowdry body	Crack dancing
Cretinism	Creutzfeldt-Jakob disease	Cri du chat syndrome
Crouzon syndrome	Cushing's syndrome	Dancing eyes-dancing feet syndrome
Dandy-Walker syndrome	Dark blue gum line	De facto mental health system
Déjà entendu	Dejerine-Roussy syndrome	Dejerine-Sottas syndrome
d'Elia placement	Dementia pugilistica	Devic's disease
Di George syndrome	Diogenes syndrome	Disconnection syndrome
"Dive bomber" EMG sound	Dix-Hallpike test	Doppelgänger
Dorian Gray syndrome	Double orientation/ Double bookkeeping	Duane's retraction syndrome
Duchenne muscular dystrophy	Durrett hemorrhage	Durkheim's theory
Ebstein's anomaly	Écho de la pensée	Edinger-Westphal nucleus
Eidetic memory	"Elf-like" appearance	Ekbom's syndrome
Embouchure dystonia	Empacho	Erb-Duchenne palsy
État lacunaire	Exit therapy	Exner system of scoring
Extracampine hallucination	F wave	Fabry disease
Fahr disease	Foster Kennedy syndrome	14-3-3 protein
Fregoli syndrome	Friedreich's ataxia	Ganser syndrome
Gargoylism	Gaucher's disease	Gedanken-lautwerden
Gegenhalten	Gerstmann syndrome	Gerstmann-Sträussler-Scheinker syndrome
Geste antagoniste	Ghost fibers	Go/no-go test
Gowers' sign	Grisi siknis	Guillain-Barré syndrome

Guthrie test	Hallervorden-Spatz syndrome	Hansen's disease
Happy puppet syndrome	Haptic hallucination	Hartnup's disease
"Hatchet" face	Heller's syndrome	Heschl's gyrus
Heteronormal	Heubner's artery	Hirano bodies
Hi-Wa itck	Hoffmann's sign	Holmes' tremor
Hoover's sign	Horner's syndrome	"Hot dog" headache
Hurler syndrome	Hyperekplexia	Hypsarrythmia
"Ice cream" headache	Jacksonian march	"Jack-in-the-box" tongue
Jactatio capitis nocturna	Janetta procedure	Jumping Frenchmen of Maine
Kaposi's sarcoma	Kayser-Fleischer ring	Kearns-Sayre syndrome
Kernig's sign	Kleine-Levin syndrome	Klinefelter's syndrome
Klumpke's paralysis	Klüver-Bucy syndrome	Knife blade atrophy
Kohlberg's stages of development	Krabbe disease	Kugelberg-Welander disease
La belle indifference	Lambert-Eaton syndrome	Landau-Kleffner syndrome
Lasègue's sign	Leber's hereditary optic neuropathy	Leigh's disease
Lennox-Gastaut syndrome	Lesch-Nyhan syndrome	Lethologica
Lex talionis	Lewy body	Lhermitte's sign
Lisch nodule	Lorenz's theory of imprinting	Lorenzo's oil
Lou Gehrig's disease	Lycanthropy	Lyme disease
Mad Hatter syndrome	Mallenby effect	Marchiafava-Bignami disease
Marcia's	Marche à	Marcus Gunn
stages of development	petits pas	pupil
Marfan syndrome	McDonald criteria	Mees' lines
Meige's syndrome	MELAS	Mens rea
Meralgia paresthetica	MERRF syndrome	Myerson's sign
"Milk maid's" grip	Miller Fisher syndrome	Mobius syndrome
Mongolism	"Motor oil" appearance	Multiple chemical sensitivity
Munchausen syndrome	Negri bodies	Network therapy
Niemann-Pick disease	Non compos mentis	Omega sign
Ondine's curse	Othello syndrome	Palinopsia
Papez circuit	Parinaud's syndrome	Pavor nocturnus
Pes cavus	Phalen's maneuver	"Piano playing" sign
Pick's disease	Pickwickian syndrome	Pierre Robin syndrome
Planum temporale	Prader-Willi syndrome	Premack principle
Proteus syndrome	Prototaxic mode	Pseudologica fantastica
Psychological pillow	Psychoses passionelle	Pulvinar sign
Punch-drunk syndrome	Rabbit syndrome	Raccoon eyes
"Railroad track" pattern calcification	Ramsay Hunt syndrome	Rasmussen's encephalitis
Reduplicative paramnesia	Reflex hallucination	Refsum's disease
Renshaw cell	Rett disorder	Riley-Day syndrome
Risus sardonicus	Rolandic epilepsy	Romberg's sign
Roth's spots	Russell's sign	Saint Vitus dance
Sanfilippo disease	Saturday night palsy	Schilder's disease
Schneider's	"Seashell-	Second-impact
first-rank symptoms	shaped" ears	syndrome
Sheehan syndrome	Shinkeishitsu	Shy-Drager syndrome
Simian crease	Sjögren's syndrome	Smith-Lemli-Opitz syndrome
Smith-Magenis syndrome	Sotos syndrome	Spitz's genetic field theory
Sternberg's triarchic theory of intelligence	Stevens-Johnson syndrome	Stiff person syndrome
Stockholm syndrome	Sturge-Weber syndrome	Syndenham's chorea
Synesthesia	Syzygy	Tabanka
Tangier disease	Tanner stages	Tinel's sign
Todd's paralysis	"Toilet seat" sciatic neuropathy	Tolosa-Hunt syndrome
Tourette's syndrome	"Tram-track" sign	Transactional analysis
Triskaideka-phobia	Tropical spastic paraparesis	Turner syndrome
Uhthoff's phenomenon	Umami	Vampirism
Vanity syndrome	Veraguth's fold	Virchow-Robin spaces
von Hippel-Lindau disease	von Reckling-hausen syndrome	von Willebrand disease
Vygotsky's zone of proximal development	Wada test	"Waiter's tip" sign
Wallenberg's syndrome	Wallerian degeneration	"Washboard" abdomen
Watson-Schwartz test	Weaver syndrome	Weber's syndrome
Werdnigg-Hoffman disease	Wernicke's aphasia	Wernicke's encephalopathy
West syndrome	White hand sign	Williams syndrome
Wilson's disease	Windigo	"Wing-beating" tremor
Witzelsucht	Zeitgeber	

2008 APA Annual Meeting

We would like to invite all residents to participate in a focus group taking place at the 2008 APA Annual Meeting in Washington, D.C. Editor-in-Chief **Robert Freedman, M.D.**, along with the **Committee on Residents and Fellows** and select Deputy Editors and editorial staff, will solicit thoughts on the Residents' Journal and how the *American Journal of Psychiatry* can be of further use to residents. The meeting is scheduled for **Tuesday**, **May 6**, 2008, from 3:00 to 5:00 p.m. in the Grand Hyatt Washington, Burnham Room, Constitution Level. For further information please contact ajp@psych.org.

For information on the 2008 APA Annual Meeting, including registration and housing, please visit http://www.psych.org/MainMenu/EducationCareerDevelopment/Meetings/AnnualMeeting.aspx.

Want More? In addition to the online portion of the Residents' Journal, there is an e-mail supplement delivered each month. This month's e-mail highlights the treatment of childhood ADHD and its association with adult substance abuse and also race and facial processing in schizophrenia. To subscribe, simply e-mail Lisa Devine, Editor of the Residents' Journal at ajp@psych.org.