POLICY & PRACTICE

NIMH's Stimulus Plans

Few federal agencies have yet decided or said what they will do with the cash infusion from the recently passed stimulus package. But the National Institute of Mental Health has already made plans. The agency said that it will use the $350 million it is receiving to support basic and clinical R01 grants, supplements to existing grants, and grants funded through a new 2-year R01 program, the National Institutes of Health Challenge Grants in Health and Science. According to the agency, the Challenge Grants fund studies that will rapidly generate outcomes. The money has to be spent within 2 years, "requiring NIH and NIMH to establish an unusually quick turnaround for high-impact, short-term projects," an agency statement said.

Meth Costs Staggering

In the first study to assess the methamphetamine problem in the United States, the RAND Corp. estimates use of the drug cost the nation $23.4 billion in 2005. That figure includes the burden of addiction, premature death, and drug treatment, among other costs. Two-thirds of the costs were attributable to the burden of addiction, which RAND measured by quantifying the impact of a lower quality of life. The second-largest expense category was crime and criminal justice expenses. RAND cautions that the estimates are preliminary, since they are based on "an emerging understanding" of meth and the harm it causes. Use may not be common nationally, but some localities are particularly hard-hit, said RAND. In 2004, meth was the primary drug of abuse in 59% of treatment admissions in Hawaii, for instance. The study was sponsored by the Meth Project Foundation and the National Institute on Drug Abuse and can be found online at www.rand.org/pubs/monographs/MG829/.

Abbott Warned on Depakote

The Food and Drug Administration warned Abbott Laboratories that a promotional campaign for its products Depakote and Depakote ER was false and misleading and omitted important safety information. The campaign consisted of a flashcard sent to health care providers. The card was misleading because it did not include the risks—including a boxed warning about hepatotoxicity—in the main body, FDA said. It also implied that the ER formulation was indicated for use in a broader group of patients than the conventional formulation, but that is not the case. The agency asked Abbott to immediately cease distribution of the card. The drugs are prescribed for seizure disorders, migraine, and bipolar disorder.

'Truth' Campaign Effective

The American Legacy Foundation's "truth" campaign about youth smoking has not only been very effective in stopping teens from starting, it also has been cost effective, according to three new studies. The campaign was started in 2000 by ALF, which was created out of the tobacco industry settlement in 1998. A study published in the April issue of the American Journal of Preventive Medicine found that from 2000 to 2004, the campaign prevented 450,000 youths from starting to smoke. Another study in the same issue reported that the program paid for itself in the first 2 years and has saved $2-$5 billion in health expenditures. A third study, published in the February issue of Ethnicity and Health, found that the "truth" campaign has led to increased antitobacco beliefs and attitudes among youths of all ethnicities.

Veterans Sue Over Experiments

The Vietnam Veterans of America and six individual veterans are suing the Defense Department, the Central Intelligence Agency, and the U.S. Army for failing to care for them after they helped test toxic chemical and biologic substances starting in the 1950s. The lawsuit, which was filed last month in the U.S. District Court for the Northern District of California, alleges that until at least 1976, the government used troops to test nerve gas, psychoactive chemicals such as LSD, and toxic substances without proper informed consent. The plaintiffs are not seeking monetary damages but want medical treatment for such veterans in the future. The lawsuit also calls on the government to disclose all medical information about tests performed on the plaintiffs. The complaint is available in full online at www.edgewoodtestvets.org.

Court Shields Billing Records

An appeals court has ruled against the release of Medicare billing records, which was sought by the group Consumers' Checkbook so that it could grade physicians on quality. The nonprofit had filed a Freedom of Information Act request for all 2004 Medicare claims from physicians in several locations, and the group won in a lower court in 2007. But the Department of Health and Human Services, joined by the American Medical Association, appealed, and the U.S. Circuit Court of Appeals for the District of Columbia ruled that HHS does not have to release the information. Disclosure of the requested data would constitute an invasion of physicians' privacy, the appeals court said. The AMA praised the decision. "The court clearly found that the release of personal physician payment data does not meet the standard of the Freedom of Information Act, which is to provide the public with information on how the government operates," Dr. Jeremy A. Lazarus, AMA board member, said in a statement.

—Alicia Ault

THE PSYCHIATRIST'S TOOLBOX

Anxiety Disorders: A Proposal

BY ROBERT T. LONDON, M.D.

While reviewing various iterations of the DSM and thinking about my experiences in treating many types of anxiety disorders, something occurred to me.

Clinicians who treat these disorders—some of whom still refer to them as "neuroses"—are treating patients who suffer from emotional pain, anxiety, heart palpitations, shortness of breath, flashbacks, dizziness, and a myriad of physical complaints connected to autonomic irregularities. These problems often are based on internal conflicts or learned responses.

Today, patients with these symptoms are diagnosed with illnesses such as posttraumatic stress disorder (PTSD), subthreshold PTSD, panic disorder, and generalized anxiety disorder (GAD). As we know, these diagnoses fall under the broad category of anxiety disorders.

Last month, I offered some thoughts about how those who are working on the DSM-V might approach the manual philosophically (CLINICAL PSYCHIATRY NEWS, February 2009, p. 13). This month, I have another proposal: Why not conceive of anxiety disorders as a spectrum set of disorders rather than as single entities?

Some years ago, I saw a patient who typifies what many of us see in clinical practice. The man, a successful attorney and litigator, had aspects of GAD, PTSD, and panic disorder. He had sought psychotherapy twice previously to address a PTSD problem relating to locking himself accidently in a closet as a child and being stuck in there for almost a half-hour before he was found. As an adult, the patient had flashbacks. He was a consummate worrier but knew that his worries were out of proportion to actual events.

He described bouts of feeling lightheaded, an impending sense of doom, chest tightness, and rapid heart beat that would come over him for no reason he could explain.

The first psychiatrist's treatment consisted of an antidepressant and psychotherapy. The medication made the patient feel sick. The talk therapy centered on feelings of rage growing up that transformed into anxieties. It was even suggested that the patient had become a litigator because this career allowed him to vent his anger in an acceptable manner. This psychiatrist lasted about 8 months.

The patient's second therapeutic experience was with a psychologist. The patient reported the same patterns developed as those he had with the psychiatrist—unresolved feelings of abandonment, rage, anxieties, and panic.

Again, the therapy centered on his feelings. What finally discredited this approach for the patient was an incident in which the patient related to the psychologist that he had nailed a court case, had a great payday, and was actually feeling happy. But the psychologist suggested that the patient was getting revenge by proxy for his underlying anger and rage by beating his opponents in court.

The patient ended the therapy that day.

Enter his internist, who was prescribing Valium for him at the time. Although the patient did not like the slowing effect the medication had on him, it offered some relief from his symptoms. And unlike the antidepressant, it did not make him sick. After giving the patient a clean bill of health, the internist referred him to me.

I met the patient, heard his story, and reviewed his recollection of his past psychotherapy. I explained my plan for relief of his symptoms. My plan, I told him, would be to use a combination of relaxation, and cognitive, and behavior therapies, including my own learning, philosophizing, and action (LPA) technique. I also told him that when I used the cognitive techniques, I might take a time shuttle back to earlier periods in his life. All was agreed upon, and we began.

His combination of disorders could be treated using my favorite technique—the split screen. First, he became skilled at getting to this imaginary movie screen. Next, he would learn to project worries, fears, and anxieties on the left side of the screen, seeing the scenes but not experiencing them. Then he would shift to the right side of the screen, which remained blank, and visualize any pleasant experiences he wished. By doing this, he linked the left side of the screen—where he had projected his anxieties, fears, and worries—with the pleasant scenes on the right, subsequently desensitizing/extinguishing the anxieties in real life.

The practice effect is critical; the patient is instructed to practice this 10 times a day for 2-3 minutes.

PTSD, subthreshold PTSD, and generalized anxiety disorders can be successfully treated this way. Panic disorder can be treated with relaxation techniques alone.

By challenging thoughts cognitively, the patient was able to develop different perspectives about the genesis of his anxieties. This patient's work and family relationships improved as he improved. He spent about a year in treatment with me, but the visits numbered no more than 25.

Had this been a Woody Allen movie, the attorney would have been identified as "neurotic." In many cases, the word still works, and it remains a globally understood concept. Perhaps the term should be resurrected, because the overlap of symptoms inherent in this category of disorders is tremendous. I hope that those preparing the DSM-V consider bringing this spectrum set of disorders in line with every day clinical realities. ■

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