**Morris County Psychological Association**

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**(1/9/19)**

**New Trends In Psychiatry -**

**Treatment-Resistant Depression**

Presented by:

Robert C. Lieb, M.D.

**Meeting announcements by Current President, Mike Zito:**

1. No meeting in Feb. so March 13 will be next meeting – ***Topic will be Grief After Suicide by Sarah Dougherty, PsyD and Jesse Bassett, M.Div. –*** register at mcpanj.com
2. Some slight fee increases may be coming to maintain a positive cash flow for the organization, just to be aware of.
3. Susan Neigher is looking for Judges of high school psychology student submissions in the spring – just let her know or sign sheet going around
4. CE sign in and out and stay whole program required

Next go to link provided on our tables here today, in next 7 days to sign on and get CE**.**

Jayne gave a full explanation of the CE process (must sign in and sign out/stay the whole time…) and confidentiality/conflicts of interest.. and introduced the speaker. This program is co-sponsored by NJPA and the Morris County Psychological Association. NJPA is approved by the American Psychological Association to sponsor continuing education for psychologists.  NJPA maintains responsibility for this program and it has been approved for 1 CE credit. The cost of a CE Certificate is $15 for NJPA members, $25 for non-members, and free for sustaining members.

\*\*The link to pay and then get the evaluation for 1 CEU is:

**http://psychologynj.org/morris-Jan19**. CE certificates are emailed 1-2 weeks after the link closes. **Link closes in next 7 days!**

***-Register for all upcoming programs at www.mcpanj.com.***

**Meeting Attendees:** Jayne Schacter, Sarah Dougherty, Hayley Hirschmann, Nesha Gatti Melissa Klika Mack, Susan Neigher, Francine Rosenberg, Nancy Sidhu, Mike Zito, Susan Neigher, Rhonda Allen, Kim Arthur, Leslie Becker-Phelps, Donalee Brown, Richard Dauber, Komal Dutt, Irene S Fisher, Marc Gironda, Marc Gironda guest 1, Marc Gironda guest 2,

Ronald Gironda, Herman Huber, Susan Kevelson, Phyllis Lakin, Isabel Lerman,

Ilana Lev-El, Lotan Lunski, Carly Orenstein, Mark Pesner, Debra Roelke, Brenda Stepak

Nanette Sudler, Tamsen Thorpe, Beverly Tignor, Mary Toolan, Aaron Welt, Paul Yampolsky, Michael Zarabi, Joshua Zavin, Deborah Fisch, Marilyn Lyga, Richard Brewster, Lisa Hahn, Suzanne Hays, Roderick Bennett, Kenneth Gates, Janie Feldman

**Presenter Bio:**

Dr. Robert Lieb has generously presented to MCPA numerous times in the past and we thank him for his time again today. He has been in private practice in Berdardsville since 1982. He also served as the director of outpatient psychiatric services at Morristown Memorial Hospital from 1983-1990. He has a special in treating eating disorders. He obtained his medical degree from Georgetown University in Washington, D.C. and did his Internship and Residency at the University of Colorado Health Sciences Center.

**Overview of talk:**

The lecture focused on new developments in psychiatry which help patients with treatment-resistant depression. Dr. Lieb discussed new antidepressants especially ketamine; neuromodulation, i.e.repetitive, transcranial magnetic stimulation, and the use of pharmacogenomics in making treatment decisions.

***Learning Objectives:***

1. **Develop knowledge regarding advances in psychopharmacology, and be able to make appropriate referrals based on that knowledge.**
2. **Learn about the use of ketamine in clinical practice and compare it to previous antidepressants:**

-previous uses of ketamine were as a psychedelic drug and an animal anesthetic

-some recent research has highlighted this drug as a potential treatment for major depression and while the results are a bit mixed and there are significant side effects reported (including drowsiness, increased BP and HR, dissociation and dizziness) it seems the drug has been fairly consistently effective in reducing suicidal ideation for up to one week after a single infusion. In a case with much active SI, this would be very useful despite the fact that the patient’s depression / other depressive symptoms might not be reduced at the same time.

-different from traditional anti-depressants that work on increasing serotonin, increasing norepinephrine or both because it acts by blocking glutamate receptors

-the only place Dr. Lieb is aware of these treatments being done “locally” is at the Ketamine Treatment Center in Princeton.

1. **Assess the utility of neurostimulatory approaches in treating depression:**

-discussed deep brain stimulation, ECT, VNS and more recent approach of Transcranial Magnetic Stimulation (TMS).

-ECT is the historic gold standard of these treatments for very resistant depression and has been used since the 1930’s with documented effectiveness. The problems with this treatment has always been the cognitive effects including memory loss, which is often significant. Often has high remission rates as well.

-vagus nerve stimulation and deep brain stimulation in very refractory cases of depression have shown some promise but are very invasive so not optimal

-recent research on Repetitive Transcranial Magnetic Stimulation is showing about 30% response rate with treatment-resistant depression and is non-invasive with electrodes placed on the scalp surface to send the magnetic pulse to stimulate the focal areas of brain cortex. Disadvantages include it is very expensive to the patient because the machines are very expensive and need 20-30 treatments 5 days/week for 6 weeks to begin treatment and then wean down, which is a big time commitment for patients in addition to the cost.

-has been approved by the US FDA for use in treatment of depression and this past August for the treatment of OCD.

-Dr. Lieb said he knows Dr. Matthew Barnas is doing it locally and meeting attendees shared that they thought Dr. Roy Behar (Mt. Kemble) and Michael Robinson, MD are also doing this kind of treatment.

1. **Predict which pharmacogenic agents are most likely to be effective in treating individual patients based in pharmacogenomics**

-Dr. Lieb discussed how this testing might be used (and is sometimes covered by insurance) if several antidepressants have already not been successful in a patient.

-a cheek swab test is done in the office and then sent out to one of several companies that do the pharmacogenomics testing and the results then list which antidepressants should be “used as directed,” “moderate gene-drug interaction,” or “significant gene-drug interaction” based on how that individual is likely to metabolize that particular drug.

-Dr. Lieb shared that he uses it on only about 10% of his patients as it can be costly when not covered and the testing continues to be controversial.

**Respectfully submitted by:**

**MCPA Secretary – Hayley Hirschmann, PhD**