

the challenger

A Publication of the NATIONAL ALLIANCE on Mental Illness in Buffalo & Erie County

vol. 2 Number 1
Spring 2010

Mark Your Calendar

All regularly scheduled meetings are held at St. Paul's Evangelical Lutheran Church, 4007 Main Street, Amherst (near the intersection of Main and Eggert Rd.). Board meetings and monthly educational meetings are held on the second floor (main entrance at the back of the church). Support group meetings are held on the first floor (church entrance at ground level at left rear of the building).

March

NAMI Board Meeting, Thursday, March 4th, 7:30 PM.

Members are welcome to join us!

NAMI Educational Meeting, Thursday, March 11. Library and Coffee Hour:

7 PM Presentation: 7:30 PM. Guest speaker: Elizabeth McClam, Executive Director, Safe Haven Shelter

NAMI Family Support Meeting, Wednesday, March 24th, 7 PM.

April

NAMI Board Meeting, Thursday, April 1, 7:30 PM.

Come meet your NAMI Board members!

NAMI Monthly Educational Meeting, Thursday, April 8th. Library and Coffee Hour 7 PM. Presentation: 7:30 PM. Guest speakers: Harmony Hurtgen, Court Clerk, Tonawanda Mental Health Court, and Kelly Gotham-Audin, Attorney, Tonawanda MH Court, on procedures and options families need to know if a loved one is arrested.

NAMI Family Support Meeting, Wednesday, April 28th, 7 PM.

May

NAMI Board Meeting, Thursday, May 6th, 7:30 PM.

All NAMI members are welcome to attend.

NAMI Educational Meeting, Thursday, May 13th, Library and Coffee Hour:

7 PM. Presentation: 7:30 PM. Guest speaker: To Be Announced.

NAMI Family Support Meeting, Wednesday, May 26, 7 PM.

NAMI's 27th Anniversary Celebration and Dinner, May 20th, 6 PM,

Protocol Restaurant, 6766 Transit Rd., Amherst, Keynote Speaker: Steven Lamberti, MD, distinguished researcher and physician/psychiatrist.

June

NAMI Board Meeting, Thursday, June 3rd, 7:30 PM.

All members welcome.

NAMI Monthly Educational Meeting, Thursday, June 10th.

Library and Coffee Hour 7:00 PM. Presentation: 7:30 PM.

Guest speaker: To Be Announced.

NAMI Family Support Meeting, Wednesday, June 23rd, 7 PM.



Kendra's Law Up for Renewal

Ten years ago, a beautiful young woman full of hopes and dreams left the little city of Jamestown, NY to follow her star to the Big Apple. Kendra Webdale, plans and life were brutally cut short when she was pushed in front of a subway train by a man with untreated schizophrenia. Shortly after the tragic loss of Kendra's life, a young father of two small children, Hector Rivera, was pushed in front of a subway train by another mentally ill man. Hector survived, but lost both his legs.

Following these two horrific incidents, the New York State Legislature passed Kendra's law, and it was signed by the Governor. In the decade since, the law has improved the lives of thousands of seriously mentally ill individuals who are at risk to themselves and the community, most of whom do not believe they have a mental illness, who have endured repeated hospitalizations, homelessness, incarceration, a lack of their own safety in the community, physical illnesses resulting from poor hygiene, malnutrition, and lack of general medical care.

Under Kendra's law, individuals may be committed by a judge to Assisted Outpatient Treatment (ACT) if they meet a very extensive, and restrictive, set of

KENDRA'S LAW - cont'd on pg. 2

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criteria-multiple hospitalizations, a history of noncompliance with treatment, refusal to take prescribed medications, over the age of 18, and several others. The court requires the ACT treatment team to present a treatment plan for the patient and to return to court every six months to renew the order if continuing services are required by the patient.

A recent study completed by an research team from outside New York State demonstrates that ACT treatment dramatically reduces hospitalizations, arrests, noncompliance with treatment, and premature deaths of those under the care of ACT teams. Patients themselves indicated that it has greatly improved the quality of their lives.

However, a significant number of patient and peer-run agencies and programs originally opposed, and continue to oppose, Kendra's Law as "forced treatment," claiming that people have a right to be "crazy", to live on the streets if they want, or even to commit suicide if they choose. Significant numbers of provider agencies have also opposed Kendra's law, basically because they would rather see the funds redirected to their agencies.

So NAMI families, who know that Kendra's law has provided a lifeline for the sickest and most difficult of patients, need to take action now. The Treatment Advocacy Center (TAC), founded by E. Fuller Torrey, MD, is gathering signatures of supporters of Kendra's Law to present to the NYS Legislature. Please sign on to help us ensure that Kendra's Law will be there today and tomorrow to protect and serve our most vulnerable patients. Go to www.kendraslaw.org and sign on today. Your voice is needed, and you can make it count. ■



We Get Letters...

"This year for Christmas instead of buying one another 'stuff' that we don't really need, our family decided to pool our money and give it to charities that have been meaningful to us in the past.

Our daughter Karen immediately suggested NAMI. She is doing wonderfully now but we all remember the scary days that we went through back in 2004! Without the guidance and reassurance we received from you, I don't know where we would be now!"

Judy Q.

"Sometimes I feel exhausted by my family. My daughter now has mental illness, too. If it weren't for folks like you, I don't know what I'd do. Thanks for being there."

Elaine

In Brief...

The Disability Digest is a free, on-line newsletter and blog, which is an excellent resource for individuals trying to thread their way through the maze to qualify for Social Security benefits. It's especially helpful for people who want to try to work while receiving benefits. Just go to TheDisabilityDigest.com



Law Change Opens Way for Covering Unmarried Children Up to Age 29

Do you have an unmarried adult son or daughter under the age of 30 who has started working in a job without health insurance? If you do, starting January 1, they may be able to enroll for coverage through the NYS Health Insurance Program's new Young Adult Option.

Under this new option, they are not required to live with you, be financially dependent on you, or be a student to be eligible for coverage. They must be covered under the same plan as the parent. And they must be ineligible for insurance through their own employer. They must live or work in New York state or the health insurance company's service area, and not be covered by Medicare.

The Young Adult Option does not apply to vision or dental plans. Young adult coverage will require a separate individual enrollment in the plan, beyond what a parent pays for family enrollment.

The Young Adult Option is the result of a recent change in state law that affects many public employee and private health insurance plans, but not self-insured plans. To learn more, visit the state Insurance Department web site at

http://www.ins.state.ny.us/faqs/faqs_S6030_Age29_young.htm

Also, under state law, if you have a child who is diagnosed with a "developmental disability", including mental illnesses, before the age of 18, that child can remain on the family health insurance indefinitely under family plan coverage, if the documentation is provided to your health insurance provider. However, the insurance company will probably not inform you of this, You have to take the initiative, collect medical records, and contact the insurance provider. There is no additional premium for this child, regardless of age. Such documentation must be provided before the child reaches the age at which he/she would otherwise be ineligible for coverage under the parents' plan. ■

Toxoplasmosis Parasite May Trigger Schizophrenia And Bipolar Disorders

Scientists have discovered how the toxoplasmosis parasite may trigger the development of schizophrenia and other bipolar disorders.

The team from the University of Leeds' Faculty of Biological Sciences has shown that the parasite may play a role in the development of these disorders by affecting the production of dopamine - the chemical that relays messages in the brain controlling aspects of movement, cognition and behaviour.

Toxoplasmosis, which is transmitted via cat feces (found on unwashed vegetables) and raw or undercooked infected meat, is relatively common, with 10-20% of the UK population and 22% of the US population estimated to carry the parasite as cysts. Most people with the parasite are healthy, but for those who are immune-suppressed - and particularly for pregnant women ~ there are significant health risks that can occasionally be fatal.

Dr. Glenn McConkey, lead researcher on the project, says: "Toxoplasmosis changes some of the chemical messages in the brain, and these changes can have an enormous effect on behaviour. Studies have shown there is a direct statistical link between incidences of schizophrenia and toxoplasmosis infection and our study is the first step in discovering why there is this link." The parasite infects the brain by forming a cyst within its cells and produces an enzyme called tyrosine hydroxylase, which is needed to make dopamine. Dopamine's role in mood, sociability, attention, motivation and sleep patterns are well documented and schizophrenia has long been associated with dopamine, which is the target of all schizophrenia drugs on the market. The team has recently received \$250,000 (£160,000) to progress its research from the US-based Stanley Medical Research Institute, which focuses on mental health conditions and has a particular emphasis on bipolar illnesses.

Dr McConkey says: "It's highly unlikely that we will find one definitive trigger for schizophrenia as there are many factors involved, but our studies will provide a clue to how toxoplasmosis infection - which is more common than you might think - can impact on the development of the condition in some individuals.

"In addition, the ability of the parasite to make dopamine implies a potential link with other neurological conditions such as Parkinson's Disease, Tourette's syndrome and attention deficit disorders, says Dr McConkey. "We'd like to extend our research to look at this possibility more closely."

ScienceDaily
March 11, 2009

Good News...

Lake Shore Behavioral Health, thanks to support from the Oshei Foundation, the federal Housing and Urban Development Program (HUD), and the NYS Office of Mental Health, has opened the Safe Haven Residence for Homeless Individuals to provide decent, supportive housing to individuals who have been chronically homeless and struggle with mental illnesses. Located at Sycamore and Michigan Ave., the large, beautifully renovated house will be staffed almost entirely by peer-counselors, according to Elizabeth McLam, the site supervisor. Residents will be subject to far fewer requirements and regulations than the typical group home. Candidates for housing are being sought through the Crisis Services Homeless program, the City Mission, and other groups that work with the homeless.

(cont'd column 3)

Good News...cont'd.

WNY Childrens Psychiatric Center has reopened an on-site library for the children and teens in treatment at the West Seneca Facility, through collaboration with a UB Library Science graduate student and her professor, and many volunteers creating a space for children to learn to read for pleasure, as well as using the library in conjunction with their school work and activities.

Niagara Falls Memorial Medical Center has recently opened a newly renovated 28-bed unit for men that offers larger activity areas and "comfort rooms", lounge areas, and rooms for individual therapy. A 25-bed unit for women is scheduled to open this spring, as part of a \$6.9 million project to upgrade and modernize their psychiatric inpatient facilities. The new center will nearly double the space for psychiatric care at the hospital. One major goal of the new unit is to reduce safety hazards, as well as reducing the use of seclusion and restraints, according to a hospital spokesman.

Mental health coverage parity, under the Paul Wellstone and Pete Domenici federal law is scheduled to go into effect July 1st. Passed in 2008, the law covers anyone insured through their employer and group health plans. Insurers cannot set higher higher co-payments and deductibles or stricter limits on treatment for mental illness and addiction disorders. Nor can they establish separate deductibles for mental health care and for the treatment of physical illnesses. It's estimated that the new law will improve coverage for 140 million people insured through their jobs. ■

Maurice Clemmons: Mental Illness Does Cause Violence

Maurice Clemmons is the alleged shooter of four policemen.

He was likely mentally ill and untreated.

According to the Seattle Times:

Clemmons was (previously) accused of gathering his wife and young relatives around at 3 or 4 in the morning and having them all undress. He told them they need to "be naked for at least 5 minutes on Sunday," a Pierce County sheriff's report says. "The whole time Clemmons kept saying things like trust him, the world is going to end soon, and that he was Jesus," the report says.

Clemmons' sister...told (police) "Maurice is not in his right mind...he was saying that the secret service was coming to get him because he had written a letter to the President....His behavior has become unpredictable and erratic." She suspects he was having a mental breakdown," the report says.

Other family members...reported that Clemmons had been saying he could fly and that he expected President Obama to visit to "confirm that he is Messiah in the flesh."

All this raises the question, "Are the mentally ill more violent than others?"

The answer depends on how you define "mental illness". If "mental illness" incorporates 40% of the population who 'advocates' and 'professionals' say have a 'diagnosable mental disorder', studies find they are not more violent than others.

But when most of us ask the question, "are the mentally ill more violent" we are not asking about the "worried-well", we are asking about the most seriously mentally ill—the 5% of the population with illnesses like schizophrenia and treatment-resistant bipolar disorder. People more likely to be living in the streets untreated, than working. In that case, the answer is clearly "yes"—the seriously mentally ill who are untreated are more violent as a group than others.

(Clemmons/Violence - cont'd on pg. 5)

Unmet Need for Mental Health Care in Schizophrenia: New Data from a First-Admission Study

In surveys of large numbers of patients with schizophrenia, approximately 40% said they have not had treatment in the preceding six to twelve months. Clinical studies indicate that many patients "virtually drop out of treatment" after their initial contact with services and receive little mental health care in the years after that original contact.

Clinical studies of patients in routine treatment settings indicate that the treatment of these patients often fall short of the standards set by evidence-based practice guidelines, while at least half of these patients continue to experience significant symptoms. The lapses are most obvious in the lack of psychosocial treatments and in outpatient settings.

The expansion of managed care has led to further reduction in the use of psychosocial treatments and continuity of care.

The researchers found a substantial level of unmet need for care of patients with schizophrenia both at the community level and in treatment settings. "More than half of the individuals receive either no treatment or "suboptimal" treatment.

Ramin Mojtabai, MD, et. al.

Medline

November 20, 2009

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Clemmons/violence, cont'd. from pg. 4

Dr. E. Fuller Torrey, founder of the Treatment Advocacy Center, created the best collection of statistics on violence by the mentally ill. Here are just a few:

- A 1988 Department of Justice study reported that individuals with a history of mental illness (not including drug or alcohol abuse) were responsible for 25 percent of cases in which an individual killed his/her parent.
- Of the 28 homicides between 1970 and 1975 in Albany County, New York, individuals with schizophrenia committed 29 percent.
- Individuals diagnosed with schizophrenia carried out 10 percent of all homicides between 1978–1980 in Contra Costa County in California.
- In Indiana, 10.2% of homicides between 1990 and 2002 were by individuals diagnosed with serious mental illness
- A study of 133 outpatients with schizophrenia showed that 13 percent of the study group was characteristically violent.
- A Swedish 1990 study reported the seriously mentally ill committed violent offenses at a rate four times greater than the general population.

There are many other such studies. In reviewing many, one researcher concluded:

"The data that have recently become available, fairly read, suggest the one conclusion I did not want to reach: Whether the measure is the prevalence of violence among the disordered or the prevalence of disorder among the violent, whether the sample is people who are selected for treatment as inmates or patients in institutions or people randomly chosen from the open community, and no matter how many social and demographic factors are statistically taken into account, there appears to be a relationship between mental disorder and violent behavior."

Over 1000 homicides are committed every year in the USA by individuals with untreated serious mental illness.

In spite of the overwhelming evidence, there are many violence deniers out there. Most of them are commissioners of the state mental health departments. If they acknowledge violence, then they would have to revamp their 'blindness' policy. Instead of helping the 5% who are most seriously ill, they focus the bulk of their dollars on the 40% with a "diagnosable" mental illness which they define quite broadly. As a result of abandonment of the most seriously ill by the mental health departments, the police have become the de-facto mental health system. Four policemen recently paid the price.

The good news is that research shows treatment lowers the rate of violence. From a policy perspective, this means one way to lower violence would be for state legislators to pass laws requiring their mental health departments to spend at least 80% of their mental health dollars on the most seriously ill. Those most likely to become violent.

Another helpful change would be to implement Assisted Outpatient Treatment Laws. These laws have been shown to dramatically reduce violence by the mentally ill. They require the mentally ill to stay on violence preventing medications, monitor compliance, and commit the system to providing services. When the NYS Mental Health Department was forced by the Legislature to implement these laws, they found that among the mentally ill in the program:

47 percent fewer harmed others

46 percent fewer experienced damaged or destroyed property

43 percent fewer threatened physical harm to others

83 percent fewer experienced arrest

87 percent fewer experienced incarceration

Maurice Clemmons has now been killed, and his only other option was to be captured.

Neither was a good outcome for him. Treatment would have been better for all.

Certainly it would have been better for the four policemen. We have to stop denying violence and start treating it. ■



Childhood Predictors of Complete and Severe Suicide Attempts: Findings from the Finnish 1981 Birth Cohort Study

A recent study of 5302 Finnish citizens indicates that males who completed suicide and/or made serious suicide attempts in adolescence or early adulthood had psychiatric problems by the age of 8, including living in a nonintact family, psychological problems as reported by a primary teacher, or conduct, hyperkinetic and/or emotional problems. Male suicides were predicted most strongly by children identified as having both conduct difficulties and internalizing their problems. No predictive associations among the study variables were found among the females.

A. Sourender, et. al
Archives of General Psychiatry
April 13, 2009



The CATIE Schizophrenia Trial

The massive, government-sponsored CATIE study has some discouraging news regarding maintaining pharmacological treatment in schizophrenia. Only 26% of patients completed the 18-month trial on the medicine they were originally prescribed. Patients receiving olanzapine stayed on their medication a slightly longer time, despite its association with metabolic disturbance, especially weight gain.

Perphenazine (Trilafon) an older antipsychotic, unexpectedly showed comparable levels of effectiveness and produced no more extrapyramidal side effects than the newer medications. Despite elevated prolactin elevation, risperidone was the best tolerated medication.

Ziprasidone (Geodon) was associated with weight loss and with positive impact on lipids and blood glucose.

(cont'd in col. 3)

(cont'd. from col. 2)

Olanzapine and risperidone showed greater effectiveness in tolerability.

Clozapine demonstrated better effectiveness compared to other agents for patients who discontinued their first medication because it wasn't effective.

T.C. Manschrek, et.al.
Harvard Review of Psychiatry
March 13, 2009

Add-on Mirtazapine Enhances the Antipsychotic Effect of First Generation Antipsychotics

In a recent double-blind, placebo-controlled trial, mirtazapine outperformed placebo on almost all measures. The PANSS (Positive and negative Syndrome Scale) score for positive symptoms decreased by 17.2% with mirtazapine vs. 1.6 with placebo, and the Panns score for negative symptoms decreased by 12% for mirtazapine and 3% for placebo.

G. Joffe et. al
Schizophrenia Research
March 25, 2009

(Frontiers - cont'd on pg. 7)

AHRQ: Research Summaries Most Office-Based Psychiatrists are Providing Medication Rather Than Psychotherapy to Their Patients

The use of psychotherapy has declined markedly among U.S. office-based psychiatrists, reveals a new study. For instance, the percentage of visits to psychiatrists that included psychotherapy dropped from 44.4 percent during 1996-1997 to 28.9 percent in 2004-2005. Similarly, the number of psychiatrists who provided psychotherapy to all of their patients fell by nearly half from 19.1 percent to 10.8 percent during that time. The researchers attribute the decline in psychotherapy to a drop in the number of psychiatrists specializing in psychotherapy and a corresponding rise in those specializing in drug therapy. They note that these changes were likely sparked by reimbursement policies favoring brief medication management visits over psychotherapy and the introduction of new psychotropic medications with fewer adverse effects in recent years. The study was supported in part by the Agency for Healthcare Research and Quality (AHRQ).

<http://www.ahrq.gov/research/feb09/0209RA24.htm>

Yi-Gan San as Adjunctive Therapy for Treatment-Resistant Schizophrenia: An Open-Label Study

Recent studies indicate that the traditional Japanese herbal medicine yi-gan san may be safe and useful in treating behavioral and psychological symptoms in patients with dementia and borderline personality disorder, as well as treatment-resistant schizophrenia. A significant decrease in both positive and negative symptoms measured on the PANNS scale was observed, but not in the control group.

*Tsuyoshi Miyaoka, MD, et. al
Clinical Neuropharmacology,
Vol. 32, pages 6-9
January-February 2009*



Thousands of vets could get benefits upgrade

Because of a lawsuit, the military will review the records of vets discharged with PTSD.

Associated Press/St. Petersburg Times - Tuesday, January 26, 2010

WASHINGTON - A military review could bring millions of dollars in benefits to thousands of Iraq and Afghanistan veterans discharged with post-traumatic stress disorder.

The military has agreed to review the records of recent veterans discharged with PTSD to decide whether they were improperly denied benefits.

The agreement stems from a judge's order in a class-action lawsuit originally filed by seven combat veterans. They said the military illegally

denied benefits to those discharged, at least in part, because of the disorder during a six-year period that ended Oct. 14, 2008.

Legal notices are being mailed to about 4,300 veterans informing them they can "opt-in" to the lawsuit until July 24 to be part of the expedited review. Attorneys for the veterans estimate that millions of dollars could be paid to veterans under the agreement, with some veterans receiving hundreds or more dollars in increased monthly benefits.

PTSD is an anxiety disorder that can develop after a terrifying event in which the person was physically harmed or felt threatened. Symptoms can range from flashbacks to problem drinking.

At issue is the disability rating given to military veterans discharged with PTSD. Each of the seven plaintiffs was given a rating of 10 percent or less.

The law requires the military to assign a disability rating of at least 50 percent to those discharged for PTSD, said Bart Stichman, co-executive director of the National Veterans Legal Services Program, a non-profit organization that represents the veterans. Since October 2008, the military has given the 50 percent rating to those discharged with PTSD, Stichman said.

The higher rating ensures that the veteran receives life-long monthly disability payments, free health care for the veteran and the veteran's spouse and health care for the veteran's minor children.

If a veteran qualifies for a higher disability rating, he or she may receive back pay and reimbursement for health care expenses.

To help affected veterans, the National Veterans Legal Services Program and Morgan Lewis and Bockus LLP law firm have coordinated about 100 volunteer lawyers to offer free counseling.

Stichman said it's possible some veterans will qualify as part of the class-action suit who did not serve in combat, but instead were discharged for PTSD related to some other type of traumatic event, such as rape. ■

From the Treatment Field...

Many Antipsychotic Users Not Getting Needed Tests

People who take newer drugs for schizophrenia and other psychotic conditions are supposed to have their blood sugar and cholesterol levels checked regularly but many don't, according to a study released today.

These so-called "second-generation" antipsychotic drugs, which include olanzapine (Zyprexa), risperidone (Risperdal) and aripiprazole (Abilify), were developed because older antipsychotics have significant side effects. However, the newer drugs are known to significantly increase blood sugar and cholesterol levels, raising the risk for diabetes and heart disease.

In a study, researchers found that less than one-third of low-income Medicaid patients who are treated with these drugs have their blood sugar and cholesterol levels checked.

And perhaps even more concerning, say the researchers, screening rates did not increase following government warnings and recommendations calling for increased blood sugar and cholesterol monitoring.

The findings are consistent with others from non-Medicaid populations, said Dr. Elaine H. Morrato of the University of Colorado, Denver.

She has this advice: "If you are taking second-generation antipsychotic drugs, then you should be screened for diabetes and (high cholesterol and fats in the blood) and monitored for potential adverse drug effects. This is important so that you can receive appropriate preventive care and treatment."

(cont'd. in col. 2)

In 2003, the US Food and Drug Administration began requiring a warning on labels of second-generation antipsychotic medications stating that blood sugar levels should be monitored in people with diabetes, at risk for the disease or with symptoms of high blood sugar.

At the same time, the American Diabetes Association and American Psychiatric Association issued a statement describing the risks of elevated blood sugar and cholesterol levels associated with these drugs and laid out a monitoring protocol which included blood sugar and cholesterol screening for anyone starting one of them.

These warnings and recommendations had little impact, according to the new study, an analysis of claims data from low-income patients covered by Medicaid in California, Missouri and Oregon between 2002 and 2005.

Morrato and colleagues used the data to compare blood sugar and cholesterol testing rates between a group of 109,451 patients taking a second-generation antipsychotic drug and a control group of 203,527 not taking one of these medications.

Blood sugar and cholesterol testing rates, they found, were no different for patients starting an antipsychotic medication than for the control group of individuals from the same states.

Initial screening rates for those treated with antipsychotics were low -- 27 percent had their blood sugar checked and 10 percent had their cholesterol levels checked, the researchers report in the Archives of General Psychiatry.

The government warnings and professional society recommendations did

(cont'd. in col. 3)

not lead to any increase in blood sugar testing rates and only a marginal increase in cholesterol testing rates (an increase of 1.7 percent).

Clozapine for Schizophrenia: Life-threatening or Life-Saving Treatment?

Clozapine, despite its side effect burden, may be the most effective and have the lowest mortality risk among all available antipsychotics.

Researchers in Finland surprised psychiatrists this year by announcing that clozapine "seems to be associated with a substantially lower mortality than any other antipsychotic."¹ This finding also surprised the researchers, who expected their 11-year study to link long-term use of second-generation ("atypical") antipsychotics with increased mortality in patients with schizophrenia. Instead they found longer lives in patients who used antipsychotics (and particularly clozapine), compared with no antipsychotic use.

This study's findings do not change clozapine's association with potentially fatal agranulocytosis as well as weight gain, metabolic abnormalities, and other adverse effects. Clozapine also is difficult to monitor, as patients must have periodic blood tests, and be enrolled in FDA-mandated registries. These obstacles might discourage psychiatrists from offering clozapine to patients who could benefit from it.

Why bother considering clozapine? Because recent data on decreased mortality, decreased suicidality, and control

(Clozapine - cont'd. on pg. 9)

Clozapine, cont'd.

of aggressive behavior make clozapine a compelling choice for many patients. Careful attention to clozapine's adverse effect profile is necessary, but these risks can be managed with appropriate monitoring.

Leslie Citrome, MD, M

PH

Professor of psychiatry, New York University School of Medicine, New York, NY

Director, Clinical Research and Evaluation Facility, Nathan S. Kline Institute for Psychiatric Research

RECENT NEWS

Inmate who tried to kill self in cell dies

BY PATRICK LAKAMP
BUFFALO NEWS STAFF
REPORTER

Updated: December 21, 2009

The Erie County Holding Center inmate who last week fashioned a noose with his shoelaces to attempt suicide died Saturday, a Sheriff's Office spokeswoman said Sunday. Adam Murr, of North Tonawanda, charged in a bank robbery, had been hooked to life-support machines in Buffalo General Hospital, and his chances of survival were poor. Murr is the first suicide death in the county jails this year, although the U. S. Justice Department has reported three previous suicides and 13 suicide attempts in Erie County facilities since 2007.

Murr, 31, hanged himself Thursday, the day after Erie County officials went to court to defend the suicide-prevention measures in their jails.

Someone who answered the door at Murr's

(cont'd in col. 2)

home Sunday said the family would have no comment until after consulting its attorney.

The State Commission of Correction says that Erie County's jails have held 7.5 percent of the prisoners in New York's county jails over the past five years. But Erie County's jails have now had 16 percent of the county jail suicides, or six of the 37 suicides since 2005.

Law enforcement officials have said Murr was an admitted heroin user. Undersheriff Richard T. Donovan has said Murr underwent suicide screening, "and as far as we knew, there was no risk."

So Murr went into the general population. Jail officials have said deputies did all they could. Holding Center deputies reportedly found Murr hanging less than 10 minutes after he was last seen during their routine 15-minute checks.

Murr was charged with robbery and grand larceny following his arrest in connection with last Monday's holdup of an HSBC Bank branch on Main Street in the City of Tonawanda.

His death came three days after County Attorney Cheryl A. Green asked a federal judge to dismiss a Justice Department lawsuit stressing that Erie County's jails need to improve their suicide-prevention efforts and install other constitutional safeguards.

In an earlier report on the Holding Center in Buffalo and the Correctional Facility in Alden, the department claimed the Holding Center continues to hold suicide-prone inmates in cells that offer opportunities for hangings, counter to the special advice given to the county by the National Commission on Correctional Health Care.

Green, however, told U. S. District Judge William M. Skretny the design of the cells satisfies the State Commission of Correction and contended that the Justice Department's objections amount to federal overreaching into state affairs.

Skretny reserved decision on her motion to dismiss the federal lawsuit.

News staff reporter Matthew Spina contributed to this story.

e-mail: plakamp@buffnews.com

Drugs may aid only deep depression

A study reports little benefit for lesser symptoms.

New York Times/St. Petersburg Times - January 7, 2010

Some widely prescribed drugs for depression provide relief in extreme cases but are no more effective than placebo pills for most patients, according to a new analysis.

While the study does not imply the drugs are worthless for anyone with moderate to serious depression - many such people so seem to benefit - it does provide a likely explanation for experts' sharp disagreement about the drugs' overall effectiveness.

Previous studies have painted a confusing picture. Industry-supported trials have generally found that the drugs sharply reduce symptoms while many other studies showed no significant benefits.

The new report, in the *Journal of the American Medical Association*, reviews data from previous trials on two types of drugs. It's the first to analyze responses from hundreds of people being treated for moderate symptoms, as are most people who seek care.

Researchers evaluated six large drug trials involving 728 men and women, about half with severe depression and half with more moderate symptoms. Three of the trials were of Paxil, a so-called SSRI, and three were of imipramine, an older generic drug from the tricyclics class.

The team, led by Jay Fournier and Robert DeRubeis of the University of Pennsylvania, found that compared with placebos, the drugs caused a much steeper reduction in symptoms of severe depression. Those with lesser depression got little or no added benefit from the medications.

"The message for patients with mild to moderate depression," DeRubeis said, "is...there's little evidence that (medications) add to other efforts to shake the depression--whether it's exercise, seeing the doctor, reading about the disorder or going for psychotherapy." ■

NAMI's Future Fund

Cornerstone Society \$2,500 - \$4,999

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In Memoriam – Myra Trautman

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Welcome...

We're delighted to introduce two new NAMI Buffalo Executive Board Members, **Irene Turski** and **Lorraine Lopez**. We're so pleased that Irene has already accepted the position of our Recording Secretary and has agreed to serve on the NAMI NYS Nominations Committee. We wish them a long, happy and productive experience as they work for all of us to create a better life for families struggling to deal with serious mental illness.

Thanks...

To our very special Family to Family teachers, **JoEllen Pennella** and **Gerie Cruz** who completed our latest class just before the holidays.

To our Welcoming Committee members: **Nora Roberto**, and Librarian **Rosemary Donnelly**, and to library consultant, **Marcy Rose**.

To **Ann Ezzo**, our new Membership Committee Co-chair, and veteran Co-chair **Mary Lou Bond**.

To **Max Gabriel**, serving on the NAMI New York State Board which involves long slogs to Albany, often in bad weather, and looong week-ends in meetings and stuffy conference rooms. A special thanks to him, as well, for his outstanding work to address the mental health problems of weary veterans and their families, who have given so much.

To **Gerry** and **Sue Keppel**, who do so much to prepare for our monthly educational meetings—moving dozens of chairs, making sure the doors are unlocked, setting up our print and brochure table, arranging refreshments for us all to enjoy, making sure everything is ship-shape at the end of the evening. Don't know what we'd do without them!

To **all our United Way, CFC and SEFA contributors** as well as our **friends** and **NAMI members** whose financial support is so important in keeping NAMI working.

Our Sympathy...

NAMI folks have lost many good friends, members, and loved ones in the last few months. Our hearts and prayers for:

Mary Ann Blackowicz on the loss of her husband, **Bernard**.

The family and friends of **Miriam Becker**.

Anne Bird, on the loss of her grandson.

George Trautman, on the loss of his dear wife, **Myra**.

Pat Watson, on the loss of her mother.

Greg Zafirakis, on the loss of his wife, **Kely**.

Membership

(cont'd. from col. 1)

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memory of Joan*
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mother, Marie*

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Please Remember
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**We invite you to join
NAMI Buffalo & Erie County
in helping us make a difference for people
with mental illness and their families**

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Please keep my membership/contribution anonymous. If you also want to be a member of NAMI New York State, add \$3.00 to your membership dues. If you want to be a member of the National NAMI, add \$10.00 to your dues.

No one will be denied membership due to financial hardship. If you are on a limited, fixed income, contact Mary at 832.4035 I'd like to help with the following:

- Fund Raising Office & Clerical Phone Tree
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Memberships, contributions, and donations are tax deductible.



NAMI in Buffalo & Erie County
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NAMI

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Courage is not limited to the battlefield or to the Indianapolis 500 or bravely catching a thief in your house. The real tests of courage are much deeper and much quieter. They are the inner tests, like remaining faithful when nobody's looking, like enduring pain when the room is empty, like standing alone when you're misunderstood, like fighting for what is right even if you know you are going to lose.

Charles R. Swindoll, "Growing Strong in the Seasons of Life"

