Summer 2022, volume 1, issue 1

THE UPDATE The Newsletter of the Association of Medicine and Psychiatry



PRESIDENT'S GREETING

Dear Colleagues,

Welcome to the inaugural issue of the newest incarnation of our AMP newsletter, "The Update!"

It's been a challenging few years for many due to the impact of the COVID pandemic on our society and our medical practices. Shifting roles and responsibilities, masks and social distancing, political and financial stresses have added to both our and our patients' allosteric loads. In spite of this we are adjusting to our "new normal" and learning to balance risk and benefit in our interactions with others. I am very excited to celebrate community and see familiar (and new)

faces at our Annual Meeting in a few short months!

IN THIS ISSUE:

Meet Your Executive Councilpg 2
2022 Annual Meeting Highlightspg 3
Committee Focus: DEI
Research Corner
Renew Your Membership
Committee Updates
Webinar Series
Upcoming Events
Residency Programs Newspg 10

We continue to grow despite the hardships we have faced, and I am so happy to be able to update you through our newsletter on the progress we have made as an organization over the last months.

Fondly,

Martha Ward

MEET YOUR EXECUTIVE COUNCIL



President: Martha Ward, MD Associate Professor Department of Psychiatry & Behavioral Sciences Department of Medicine Emory University



Secretary: Dustin DeMoss, DO Associate Professor Department of Psychiatry and Behavioral Health University of North Texas Health Science Center Texas Christian University School of Medicine



President-Elect: Michael Lang MD, FACP, DFAPA Professor of Medicine & Psychiatry- East Carolina University Departments of Psychiatry and Internal Medicine Chair-Department of Psychiatry and Behavioral Medicine Chief of Service, Psychiatry- Vidant Medical Center Program Director- Internal Medicine/Psychiatry Residency Program Director- Electroconvulsive Therapy and Transcranial Magnetic Stimulation Programs



Treasurer: Mary Beth Alvarez, MD, MPH Assistant Professor of Psychiatry Medical College of Wisconsin



Immediate Past President: Thomas Heinrich, MD

Professor of Psychiatry and Behavioral Medicine Professor of Family and Community Medicine Medical College of Wisconsin



2022 Annual Meeting September 29 - October 1, 2022

Emory Conference Center | Atlanta, GA

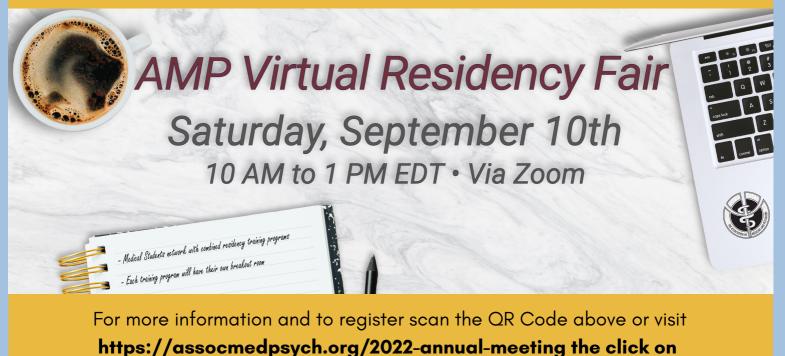


We are excited to bring you the 2022 Association of Medicine and Psychiatry Annual Meeting in Atlanta, Georgia. We look forward to another great meeting in 2022, as we are planning for a great lineup of speakers, research, and networking.

<u>Thursday, September 29 (3pm) - Saturday, October 1, 2022 (5 pm)</u>



For more information and to register scan the QR Code above or visit https://assocmedpsych.org/2022-annual-meeting



"Virtual Residency Fair - September 10, 2022"

Committee Focus: Bridging the voices of Black Cis and Trans Womanhood:

by Octavia Lewis and Alyson K. Myers Visibility is key to our existence as well as equity is to our quality of life. As an African American Women of Transgender Experience living with HIV, I have witnessed a lot in my 41 years of existence. I have lost many sisters to violence and the virus and their absence has created a void in my heart that can never be filled. As a professional healthcare worker who struggles with trying to provide assistance to a community that has been ostracized within a marginalized community and navigate the bureaucracy of a large healthcare system often leads me burned out. It's hard knowing the social determinants of health and statistics that plague your demographic and

trying to convey them to others without coming off as the angry black trans women. But it all honesty, many times I am angry to see Cis heteronormative

and gay able-bodied individuals have meetings and create spaces for those that look like you without even consulting any of you. But I have learned to compartmentalize a lot of things in order to remove the smallest barriers that means the world to those that have medical mistrust. I'm forever grateful to be able to move beyond being a statistic even if it's only to the position of a tokenized figure head as long as my community can continue to get what they need to move beyond survival to thriving. A better tomorrow is on the way for our community even if sacrificing for today is what makes that possible, so I guess that's not too much of a price to pay.

It was a hot, summer evening in Queens circa 1990 and I was in the local vegetable store. In walks a group of cackling, vibrant women decked out in fitted jeans, 5411s, name plates, long nails and hair. They were the epitome of LL Cool J's Around the Way Girl. I noticed that there was something different about these girls, in their hands, faces and voices. I was fascinated by their energy, fashion sense and feminine mannerisms. I proceeded to return to that store on Fridays at 5pm, hoping to see them again. In my 12-year-old innocence and ignorance, I never realized how brave these Brown and Black girls were to walk through the hood living their truth. I was only aware of the LGB story as the T part had yet to be told. It was not until I started to meet people in the Trans community, that I learned just how hard it is to be a woman. A nurse's aide at my previous job really touched me when she told me that she would work extra shifts in order to make sure that her daughter could take Uber to get around the city. She did not want anything to happen to her teen on the subway. I had taken the subway from the age of 4 until adulthood and never felt scared that I would be attacked for being who I am. For this woman's amazing daughter, she did not have that freedom. To make matters worse as a cis-gendered Black woman I have a life expectancy twice that of my Trans sisters. Homicide and suicide often lead them to an early grave. I cannot sit back and watch my sisters suffer in silence, so I have become an ally for supporting my Trans sisters who like me ARE women. 4 of 10

Research Corner

The AMP Research & Scholarship Committee has been very productive, recently completing two guideline papers (abstracts and links are below). The next topics the committee will be covering are SSRIs and Bleeding Risk headed by Martha Ward, MD and Jeff Rado, MD.

Management of SIADH-related hyponatremia due to psychotropic medications – An expert consensus from the Association of Medicine and Psychiatry

Aaron Pinkhasov a,t,*, Glen Xiong b, James A. Bourgeois c, Thomas W. Heinrich d, Heather Huang e, Shanice Coriolan f, Aniyizhai Annamalai g, Jed P. Mangal h, Steven Frankel i,u, Michael Lang j, Y. Pritham Raj k, Matthew Dandois l, Kelly Barth m, Anne Louise Stewart n, Jeffrey Rado o, Justin Pesek p, Aaron Sanders p, E. Vanessa Spearman-McCarthy q, Jane Gagliardi r, Jess G. Fiedorowicz s,v,w

- a Department of Psychiatry, NYU Langone Hospital-Long Island, NY, United States of America
- b University of California at Davis, CA, United States of America
- c Psychiatry, Baylor Scott & White Health, TX, United States of America
- d Psychiatry and Behavioral Medicine and Family and Community Medicine, Medical College of Wisconsin, WI, United States of America
- e Psychiatry and Internal Medicine, University of WI, WI, United States of America
- f NYU Langone Hospital Long Island, NY, United States of America
- g Psychiatry and Internal Medicine, Yale School of Medicine, CT, United States of America
- h Psychiatry, Uniformed Services University of the Health Sciences, MD, United States of America
- i Psychiatry, University of Minnesota Medical School, MN, United States of America
- j Internal Medicine and Psychiatry, Brody School of Medicine at East Carolina University, NC, United States of America
- k Depts of Internal Medicine & Psychiatry, Oregon Health & Science University, United States of America
- I Kaiser Permanente, WA, United States of America
- m Psychiatry and Internal Medicine, Medical University of South Carolina, SC, United States of America
- n Consultation-Liaison Psychiatry, University of Texas Southwestern, TX, United States of America
- o Department of Psychiatry and Behavioral Sciences, Northwestern University Feinberg School of Medicine, IL, United States of America
- p Baylor Scott & White Health, TX, United States of America
- q Internal Medicine and Psychiatry, Medical College of Georgia, Augusta University, GA, United States of America
- r Psychiatry and Behavioral Sciences, Duke University School of Medicine, NC, United States of America
- s Mental Health, The Ottawa Hospital, ON, Canada
- t Psychiatry and Medicine, NYULI SOM, NY, United States of America
- u Psychiatry, UCSF, Medical School, University of Minnesota, MN, United States of America
- v Ottawa Hospital Research Institute, Department of Psychiatry, School of Epidemiology and Public Health, ON, Canada
- w University of Ottawa, and uOttawa Brain and Mind Research Institute, ON, Canada

ABSTRACT:

Objective: Hyponatremia is the most common electrolyte imbalance encountered in clinical practice and is associated with negative healthcare outcomes and cost. SIADH is thought to account for one third of all hyponatremia cases and is typically an insidious process. Psychotropic medications are commonly implicated in the etiology of drug induced SIADH. There is limited guidance for clinicians on management of psychotropic-induced SIADH.

Methods: After an extensive review of the existing literature, clinical-educators from the Association of Medicine and Psychiatry developed expert consensus recommendations for management of psychotropic-induced SIADH. A risk score was proposed based on risk factors for SIADH to guide clinical decision-making.

Results: SSRIs, SNRIs, antipsychotics, carbamazepine, and oxcarbazepine have moderate to high level of evidence demonstrating their association with SIADH.

Evaluation for an avoidance of medications that cause hyponatremia is particularly important. Substitution with medication that is less likely to cause SIADH should be considered when appropriate. We propose an algorithmic approach to monitoring hyponatremia with SIADH and corresponding treatment depending on symptom severity.

Conclusions: The proposed algorithm can help clinicians in determining whether psychotropic medication should be stopped, reduced or substituted where SIADH is suspected with recommendations for sodium (Na+) monitoring. These recommendations preserve a role for clinical judgment in the management of hyponatremia with consideration of the risks and benefits, which may be particularly relevant for complex patients that present with medical and psychiatric comorbidities. Further studies are needed to determine whether baseline and serial Na+ monitoring reduces morbidity and mortality. (to read the full paper click here)

QTc monitoring in adults with medical and psychiatric comorbidities: Expert consensus from the Association of Medicine and Psychiatry

Glen L. Xiong a_{r*}, Aaron Pinkhasov b, Jed P. Mangal c, Heather Huang d, Jeffrey Rado e, Jane Gagliardi f, Dustin Demoss g, David Karol h, Shannon Suo a, Michael Lang i, Marsha Stern j, E. Vanessa Spearman k, John Onate a, Aniyizhai Annamalai l, Zeina Saliba m, Thomas Heinrich n, Jess G. Fiedorowicz o

a Department of Psychiatry and Behavioral Sciences, University of California at Davis School of Medicine, Sacramento, CA, United States of America

- b Department of Behavioral Health, NYU Winthrop Hospital, Mineola, NY, United States of America
- c Department of Behavioral Health, Martin Army Community Hospital, Ft Benning, GA, United States of America
- d Departments of Psychiatry and Internal Medicine, University of Wisconsin School of Medicine and Public Health, Madison, WI, United States of America
- e Psychiatry and General Internal Medicine, Feinberg School of Medicine, Northwestern University, Chicago, IL, United States of America
- f Departments of Psychiatry and Behavioral Sciences, and Internal Medicine, Duke University School of Medicine, Durham, NC, United States of America
- g Department of Psychiatry, University of North Texas Health Science Center, United States of America
- h Department of Psychiatry and Behavioral Neuroscience, Department of Internal Medicine, University of Cincinnati College of Medicine, Cincinnati, OH, United States of America
- i Departments of Psychiatry and Internal Medicine, East Carolina University, Greenville, NC, United States of America
- j Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine, Atlanta, GA, United States of America
- k Departments of Internal Medicine and Psychiatry, Medical College of Georgia at Augusta University Medical Center, Augusta, GA, United States of America
- I Departments of Psychiatry and Internal Medicine, Yale School of Medicine, New Haven, CT, United States of America
- m Department of Psychiatry & Behavioral Sciences and Department of Emergency Medicine, The George Washington University, Washington, D.C, Department of Obstetrics
- & Gynecology, Virginia Commonwealth University, Richmond, VA, United States of America

o Departments of Psychiatry, Epidemiology, and Internal Medicine, University of Iowa, Iowa City, IA, United States of America

n Departments of Psychiatry and Behavioral Medicine, Family and Community Medicine, Medical College of Wisconsin, Milwaukee, WI, United States of America

ABSTRACT:

Objective: Several psychiatric medications have the potential to prolong the QTc interval and subsequently increase the risk for ventricular arrhythmias such as torsades de pointes (TdP). There is limited guidance for clinicians to balance the risks and benefits of treatments.

Methods: After a review of the existing literature, clinical-educators from the Association of Medicine and Psychiatry developed expert consensus guidelines for ECG monitoring of the QTc interval for patients with medical and psychiatric comorbidities who are prescribed medications with the potential to prolong the QTc interval. A risk score was developed based on risk factors for QTc prolongation to guide clinical decision-making.

Results: A baseline ECG may not be necessary for individuals at low risk for arrythmia. Those individuals with a risk score of two or more should have an ECG prior to the start of a potentially QTc-prolonging medication or be started on a lower risk agent. Antipsychotics are not equivalent in causing QTc prolongation. A consensus based algorithm is presented for the management of those identified at high (QTc>500 msec), intermediate (males with QTc 450-499 msec or females with QTc > 470-499 msec), or low risk.

Conclusions: The proposed algorithm can help clinicians in determining whether ECG monitoring should be considered for a given patient. These guidelines preserve a role for clinical judgment in selection of treatments that balance the risks and benefits, which may be particularly relevant for complex patients with medical and psychiatric comorbidities. Additional studies are needed to determine whether baseline and serial ECG monitoring reduces mortality. (to read the full paper click here)

Renew Your Membership

It's time to renew your AMP membership!

Have you graduated from your residency program and started a new position? Were you on vacation and the summer got away from you? Did you simply forget?

2022 membership runs from July 1, 2022, through June 30, 2023

Because of YOU, AMP's membership is strong and continues to grow. AMP's mission is Promoting Education, Mentorship, Research & Quality Patient Care at the Interface of Medicine and Psychiatry.

Renew YOUR AMP Membership By Clicking Here!

If you aren't sure if you have renewed, or if you need to update your contact information please email manager@assocmedpsych.org

COMMITTEE UPDATES

Membership Committee

The membership committee, co-chaired by Shannon Suo and Dave Karol, has been working closely with AMP leadership to receive timely and accurate membership reports. Also, with the assistance of AMP leadership, the resident, early career, and established physician mentorship program is getting some fine-tuning. Much membership retention focus has been on the transition period between residency and early career physicians, as this is a period that often leads to membership attrition. The membership committee is always looking for more members to serve on the committee, so please feel free to contact Shannon or Dave if you are interested in joining!

Medical Student Committee

Melissa Ludgate will be resigning her position as co-chair of the committee and will be handing the baton over to Antony Gout, a PGY-3 in Internal Medicine-Psychiatry at the University of Iowa. Thank you Melissa for your hard work for AMP.

Resident Fellow Committee

The Resident Fellow Committee is hosting a mentorship meeting on August 22, 5:00 PM PDT/8:00 PM EDT.

"AMP Mentorship: What to Know for ERAS and Interviews When Applying for Residency." If you are interested in attending please click here to register.

The RFMs would also like to welcome two new representatives to the Committee. Kelsey Wong, DO, a PGY-4 from UC Davis; and Ruth Bishop, MD, MBA, a PGY-2 from USC will be replacing Eduardo Garza and Colin Smith.

Global Health Committee

Emily Amador is a new co-chair with the Global Health Committee.

Interested in joining a Committee?

If you are interested in joining an AMP Committee. Please send an email to manager@assocmedpsych.org with a brief note about yourself and why you would like to join the committee. The AMP staff will forward your email to the chairs of the committee.



The AMP Committees host monthly webinars on the 3rd Thursday of each month.

In the first half of 2022 speakers covered topics such as:

- February Racism as a Root Cause of Medical Error
- March Should They Stay or Should They Go? Helping the Team Assess Capacity
- April Where We Have Been, and Where We Need to Go: Grappling with Anti-Asian Asian-American Hate
- May Lessons Learned From the 1st 5 Years, a Conversation with Early Career Physicians
- June Transgender Experience as a Patient from Mental Health and Primary Care Perspective
- July Contract Negotiation Do's & Don'ts: How to Negotiate a Successful Contract & Avoid Pitfalls.

Upcoming:

- August 19 6pm PDT / 9pm EDT "It Makes All the Difference": Forensic Medical Evaluations of Individuals Seeking Asylum - Presented by: Shanna Stryker, MD MPH
- September 15 5pm PDT / 8pm EDT "Cultural Syndromes: How to Use Interpreters in a Culturally Humble Way When Discussing Medically Unexplained Symptoms"
 - Presented by: Mary Beth Alvarez, MD, MPH
- October 20 TBD
- November 17 TBD
- December 15 TBD

<u>Upcoming Events</u>

Wednesday, August 3, 8pm EDT

Membership Committee Meeting

Thursday, August 18, 9pm EDT

Monthly Webinar Series "Medical Evaluation of Asylum Seekers as a Dual Trained Provider" – Shanna Stryker, MD, MPH

Saturday, September 10, 10am EDT

Virtual Residency Fair

Thursday September 15, 8pm EDT

Monthly Webinar Series "Cultural Syndromes: How to Use Interpreters in a Culturally Humble Way When Discussing Medically Unexplained Symptoms" – Mary Beth Alvarez, MD, MPH

September 29-October 1

2022 Annual Meeting Emory Conference Center, Atlanta, GA

Residency Programs News

Mass General Hospital has openings in their 2023/2024 Behavioral Neurology and Neuropsychiatry Fellowship program. To see the flyer click **HERE**.



Does your program have something it would like to spread the word about? Send an email to manager@assocmedpsych.org to be added to the next quarterly publication.