



West Hudson Psychiatric Society
of the American Psychiatric Association
serving Rockland, Orange, Sullivan & Delaware Counties



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eSynapse

August 2014

Editor's Comments

James Flax, MD, MPH, DFAPA

“THANK YOU” to all those who have contributed to this issue of eSynapse! Please scroll through everything below as there are many items you will find interesting and useful throughout.

Dr. Bark has penned a fabulous review of the history of mental health services in Rockland County and of the current service environment with some provocative suggestions for our role in the future. Please read and respond if you have thoughts or additional suggestions.

You will find a synopsis of our meeting so all readers will have an idea of district branch business. But, it's only a synopsis. You have **got to come** to a meeting to appreciate the rich discussions. There is another, now national, article about Lois Kroplick, our very own celebrity psychiatrist. Dr. Abdullah has again sent us a new article in his long line of erudite essays, this time a thoughtful and erudite article about Alzheimer's Disease. There are ads that may interest you. Please scroll all the way to the end to see it all. And, if you are not receiving the MSSNY eNews, here's a link where you can read about issues of interest to all of medicine in New York State: <http://www.mssny.org>.

WEB SITE Your district branch is in the process of improving it's website. If you have expertise or ideas about web page design, please chime in. You can see the existing “under construction” site at WestHudsonPsych.org. I recently created a website for my private practice. JamesFlaxPsychiatry.com. I learned a great deal in preparing a concise presentation of what I do professionally. If anyone wants advice on how one can create their own (simple) website, I'm happy to discuss it. 845-362-2557 or DrFlax@aol.com.

PRIVATE PRACTICE: FEES Here is a link to a legal public site where you can look up fees for a given zipcode. <http://www.fairhealthconsumer.org/>

PRIOR AUTHORIZATIONS If you are frequently bothered with cumbersome and seemingly unnecessary requests for prior authorizations, the APA is eager to hear from you: Ellen Jaffe , Director, Practice Management HelpLine/Medicare Specialist, Office of Healthcare Systems and Financing, American Psychiatric Association, (703) 907-8591 ejaffe@psych.org Practice Management HelpLine (800-343-4671), email at hsf@psych.org.

IT'S A FREE LUNCH!

Next Executive Council Meeting
Il Fresco Restaurant, Orangeburg, NY
Journal Club (15 minutes) PROMPTLY at 12 Noon
Followed immediately by Business Agenda
Friday, September 12th @ 12 Noon at Il Fresco in Orangeburg, NY.

Please contact Dr. Russell Tobe, MD (rtobe@NKI.RFMH.org) (845) 398-6556 if you are planning to attend.

SAVE THE DATE

West Hudson Psychiatric Society Fall Educational Dinner Meeting

Friday, October 17, 2014 at 6pm
La Terrazza Restaurant, New City
Speaker: Pat Bloom, MD

Topic: Mindfulness Meditation

Meeting Objectives:

1. Understand the physiology of stress.
 2. Discuss the impact of stress on physical and mental diseases.
- Understand the evidence for the role of mindfulness in treating conditions relevant to psychiatry including depression, memory loss, chronic pain, agitation and PTSD.

If you speak to your colleagues who are not members of the APA, remind them to become members. If members, tell them you've received your eSynapse and ask if they received theirs. If not, tell them to email Liz Burnich at westhudsonpsych@gmail.com with their email address so they can be added to the list.

While some have indicated it is too costly to join the APA, the link below will remind you of the many benefits. The West Hudson Psychiatric Society Membership is one of the least costly in the nation and we hope to keep it that way. The benefits are numerous.

<http://www.psychiatry.org/join-participate/member-benefits>

PRESIDENT'S COLUMN

Rockland County Mental Health/Psychiatric Services

Nigel Bark

July 24, 2014

I was asked to write a position statement for the West Hudson Psychiatric Society on the closing of Rockland County Community Mental Health's inpatient unit in April. I thought I would list the requirements of an ideal service and then what is available in Rockland. I would address what the WHPS' position might be regarding the differences that need to be made up. I feel all stakeholders should be well informed of changes before they happen. But it is much more

complicated. I could not find a description of ideal comprehensive services; it is hard to find out all the services available in Rockland; and the closing of the In-Patient Unit was pretty well covered in the Journal News and elsewhere.

So instead of a position statement I will give an exposition: a brief overview of service provision for the mentally ill in the country – historically and now – as I see it and then list the services that are available in Rockland County (a long list but you don't have to read it) and then ask our members and our Mental Health Coalition partners to tell us what services are missing, where are there long waiting lists, where is there a lack of information - and what's working well.

For a hundred and fifty years, or so, the States were responsible for the care of the severely mentally ill. With the introduction of Medicaid (1965) and, at about the same time, the Federal Community Mental Health Centers Act (1963), responsibility passed to ... no one... because Medicaid - a Federal, State City/County program - specifically excluded covering the mentally ill in State Hospitals, giving great incentive to States to reduce their financial burden by discharging patients. And, the CMHC's initial funding did not go through the States. Furthermore the CMHCs were not required to cover the severely mentally ill – (they were specifically called Mental *Health* centers not Mental *Illness* centers) – and most of them did not treat the seriously mentally ill. Many of them were more active in social and political issues.

Rockland's CMHC however was different. Firstly, New York State (NYS) had already passed a Community Mental Health Act in 1954 - placing the development of CMH services in the hands of local government, although this was not mandated. Secondly Unified Services legislation in NYS in 1974 allowed counties to move towards an integrated system of State, local and private/voluntary services. Rockland was one of only five counties that opted for this. Bert Pepper, then Director of Rockland County CMHC, and Hilary Ryglewicz, Clinical Assistant to the Director, have written extensively about this. (reference?) And it was surely Bert Pepper's idealism and leadership that led to Rockland County taking full responsibility for services for all those with mental illness in the county, including the severely ill as they left Rockland Psychiatric Center, and developing model services for the county.

It has been suggested that one of the flaws of the Federal CMHC legislation was the funding, which decreased steadily and in 1981 went entirely into block grants to the States. And, as the State Hospitals reduced their beds the States did not increase their funding of the CMHC even in Rockland where the CMHC was clearly treating far more severely mentally ill. In the current recession things have got much worse: \$1.6 billion has been cut from State mental health budgets throughout the USA, Federal Medicaid (that provides 46% of State mental health costs) has been reduced and Counties, which pay about 16% of Medicaid costs from property taxes, are struggling financially all over the country and cutting their services. This is presumably why Rockland County has reduced its once model services and has closed its in-patient unit. However maybe things are not so bad. The US has a seemingly chaotic health system, or non-system, with multiple organizations of all kinds contributing services and finances. For example five years ago I looked at services in the Bronx (and there was a nice website - Network of Care for Mental Health - which listed them all by category). There were, for example, 10 inpatient units: 2 State, 3 City of New York and 5 non-profit hospitals. There were 38 centers for Psychiatric Day Treatment: 3 at State Hospitals, 5 at City Hospitals, 7 at non-profit Hospitals, 22 centers run by eight different non-profit organizations and one CMHC. The funding was much more complicated, with the city complaining that there were 58 different channels for money to go just from the State to the City. In one nursing home psychiatric services were paid from 37 different sources. No doubt Rockland County is similar but I did not find a convenient site like

the Network of Care for Rockland. Clearly this kind of non-system requires someone to coordinate it and encourage cooperation.

The Rockland County Department of Mental Health (RCDMH) website is both revealing and reassuring. The RCDMH does still take full responsibility for all those with mental illness and is the leader of the County's integrated services. It is "both a provider ... and, as the Local Government Unit (LGU), is the lead agency in the Rockland County Local Services system of behavioral health care." Its mission "is to ensure and oversee delivery of high quality, comprehensive, person-centered and recovery oriented services for persons in the Rockland community with mental illness, developmental disabilities and chemical dependence...to insure that no client falls through the safety net, which is especially critical today given the many changes occurring in the health care delivery system."

"As the LGU, the Department is responsible for the planning, coordination, administration and budgetary oversight of a comprehensive and integrated service delivery system in which County, State and Voluntary not-for-profit agencies deliver mental health, developmental disabilities and chemical dependency services." The agencies are funded, regulated and /or licensed by the respective NYS Offices. The goals of the LGU are to "ensure that all population groups are adequately covered, that sufficient services are available to all persons...with enhanced partnership and collaboration with community based and state agencies, other County...departments, recipients and other stakeholders" to improve services, planning, etc especially for group homes and community residences to "always provide a safety net so no client falls through the cracks". The Department reviews services and facilities, determines needs, develops programs and ensures coordination and cooperation. See the list of Services provided by the RCDMH at the end of this article.

It appears from this list that there are a wide range of services and plenty of providers. However I wonder about the number of hospital beds. The Rockland Community Mental Health Center inpatient unit had 43 beds, the new Nyack Hospital Unit only 26. Fifteen experts on psychiatric care in the United States were asked for their opinions on the number of beds required for the seriously mentally ill by The Treatment Advocacy Center. Their answers ranged from 40 to 60 public psychiatry beds per 100,000 people. For Rockland County's 311,000 this would be 150 beds. Rockland Psychiatric Center has 410 beds but covers five counties with a total of over two million people. That is about 17 per 100,000, the same as the whole of the USA but less than the average in New York State which is 27 public beds per 100,000. The total beds in Rockland with Nyack Hospital would be 25 per 100,000 which for example compares with 51 per 100,000 in the Bronx. The reason "public" beds are emphasized is that, as Fuller Torrey demonstrates in his latest book, *American Psychosis* (2014, page 157), for-profit funding has been tried and failed. We will have to watch the Nyack Hospital Unit closely to see that it does not exclude the most complicated and most costly patients.

Of course a major reason to have sufficient beds is to avoid what we are seeing all over the country: jails and prisons being the main centers of containment of the seriously mentally ill. One successful way to lessen that is the use of Mental Health (and Drug) Courts that can divert individuals to treatment instead of jail or prison. I did not see mention of this in Rockland, but am aware there is a drug court.

In conclusion we all have a responsibility for the sick and the mentally ill to ensure they have adequate treatment and services. Psychiatrists have a particular responsibility to advocate for their patients and to speak out when services are inadequate. But we need to be sure of our facts.

So I do not think we in the West Hudson Psychiatric Society are in a position yet to have a position statement about the closing of the inpatient unit in Pomona. I have given an exposition of the services in the county that I have been able to find but it is incomplete.

I have a proposition to make - that we, along with our partners in the Rockland Mental Health Coalition, **firstly** complete this compilation of services, **secondly** list those necessary services that appear to be absent, **thirdly** record the inadequacies and problems of these services and **fourthly** note those services that are functioning very well. Probably NAMI-FAMILYA has a great deal of this information already but it is not publicly available. We will need to particularly monitor the new Nyack Hospital Unit and its emergency services.

Services provided by RCDMH

Pomona Mental Health Clinic serving adults, adolescents and children. It also provides Crisis Management training to agencies and businesses and help in unforeseen catastrophes.

Coordination of the **Assisted Outpatient treatment (AOT)** program.

Coordination of the **Safe Act**.

Arranging **contracts for services** with 21 behavioral health programs.

Coordination of the response for **behavioral health services in an emergency situation**

SPOA (Single Point of Access) Committees, Adult, and Child & Adolescent, which review requests for **Case Management (ICM)**, **Assertive Community Treatment (ACT)** and **Housing** and for children, **Home and Community Based (HCBS) Waiver Services**.

Approval of **HCBS Waiver Level of Care and Initial Service Plan (ISP)** for severely disturbed and complicated children and adolescents home based services.

Forensic Mental Health Services provide evaluations and consultations for all courts and law related agencies (eg Probation, Corrections), training for the staff of these agencies and liaison between these and psychiatric facilities.

Behavioral health services to the Rockland County Jail which include screening, suicide risk identification and prevention (suicide rates in jails and prisons are 3.5 times the general population), evaluation and all treatments, and coordination with families and services to develop post-release plans (extremely important since the death rate in the first two weeks is twelve times normal and from drug overdose 129 times) and training of staff. (People who are sentenced to more than one year go to prison – outside Rockland – where services are provided by the Office of Mental Health.)

Sex Offender Behavioral Management Program: containment, specific treatment and community protection.

Consumer Advocate: responding to complaints and inquiries about services (Tami Schonberg 364 2340).

Employee Assistance Program (EAP) available to all Rockland County employees

Other psychiatric Services in Rockland County

Psychiatric Hospitalization

With the closing of the RCDMH inpatient unit in Pomona the only acute inpatient unit is now at **Nyack Hospital with 26 beds**.

There is also a separate area of the Emergency Room for Psychiatric Evaluation.

Rockland Psychiatric Center with 410 beds serving seven counties

Rockland Children's Psychiatric Center serves the Hudson Valley, has **54 beds** but no acute beds.

Day treatment programs

Rockland Psychiatric Center

Rockland Children's Psychiatric Center

There must be more but I couldn't find them

Mental Health Clinic Treatment

For children, adolescents and families:

Mental Health Association of Westchester in Nyack and Haverstraw.
Rockland Children's Psychiatric Center

For children, adolescents and adults

Center for Applied Psychology at Bikur Cholim, Monsey
Frawley Clinic at Good Samaritan Hospital, Suffern
Rockland Jewish Family Service
Refuah Health Center, Spring Valley

For Adults:

Nyack Consultation Center
Orangeburg Service Center
Jawonio Behavioral Health Services
Rockland Psychiatric Center – Community Service Centers

Personalized Recovery Oriented Services (PROS) (for adults with serious mental illness)

Jawonio PROS Program, New Hempstead
Program for Self Discovery: Change Happens (MHA) Valley Cottage
The Empowerment Center

Community Residences:

Rockland Psychiatric Center
Loeb House
MHA of Rockland
CLUE (Community Link-Up Experience)
St Dominic's Home
The Betsy Siegel Little House

Other:

Center for Safety and Change for domestic violence victims
Consumer Family Outreach Program of the MHA of Rockland County – for those with mental illness not in treatment
NAMI-FAMILYA of Rockland County, self-help, advocacy and education for relatives and friends
Parent –Teen Support Group of MHA of Rockland County
ACCESS-VR employment and independent living services

I'm sure there are other services not listed here, particularly day treatment services, but I didn't find them. Services for chemical dependency and developmental disabilities are not included. Nor have I listed the number of psychiatrists, psychologists and social workers in the county.

Summary from Executive Council Meeting Friday, June 20, 2014

Attendees Present: Russ Tobe, Jim Flax, Nigel Bark, John Fogelman, Nnamdi Maduekwe, Mona Begum and guest, Mark Stracks, MD scouting the area for relocation.

Journal Club – will resume in the fall.

President's Business Items – The loss of services to the population of Rockland

County.

Spring Educational Meeting – Paul Summergrad, MD will speak April 2015.

Fall 2014 Educational Meeting – Pat Bloom, MD will be the speaker of our Fall Dinner Meeting on the topic of Mindfulness Meditation on Friday October 17. Liz will book La Terrazza and Jim will provide contact information for Pat so that we can prepare the CME requirements. PR should start early. We may invite other physicians and possibly their spouse/significant other pending grant support. PR needs to start early. We can try to advertise this in Rockland County Medical Society publications and through personal contact with physician's each of us knows.

Mental Health Coalition Update – news will resume in the fall.

Women's Group – The Women's Group continues to meet every month, last at Joan Berson's home with approximately 12 attendees. The agenda remains interesting. Contact Lois Kroplick, DO if interested in attending (drkroplick@aol.com)

NYSPA – no news.

WHPS Website – Dr. John Fogelman will develop mock-up first page and ideas for entire website in consultation with Dr. Flax, Liz Burnich, Russ Tobe and others. The plan is to send our web designer our ideas for full implementation.

Private Practice – Dr. Jim Flax reports that we continue to get approximately 2-3 calls per week on our referral line. We ought to advertise the info brochure availability to PCP in the community.

Synapse – discussion of follow-up articles by Drs. Bark and Pepper on Rockland County mental health services and the dearth of services for those without substantial financial resources.

Next Executive Council Meeting - Friday, September 12, 2014 at 12 noon at Il Fresco, Orangeburg, NY.

Members In The News - Psychiatrist Wins Multiple Awards for Work With Communities



The New York State Osteopathic Medical Society lauded Lois Kroplick, D.O., for her community work and disaster relief efforts after the terrorist attacks of 9/11. “I’d like to inspire new generations of psychiatrists and mental health professionals to get involved in community work,” she said.

Psychiatric News June 27, 2014 Volume 49, Number 13, Page 1

Eve Bender

A New York psychiatrist is lauded for her coalition-building work over the span of her career, including extensive efforts to educate diverse audiences about mental health issues.

One recurring theme and enduring talent that has distinguished the career of psychiatrist Lois Kroplick, D.O., is her ability to bring people together in the name of mental health recovery. This has been apparent in her organization of mental health advocacy groups and in her disaster-relief efforts.

So when Kroplick accepted the 2014 Physician of the Year Award from the New York State Osteopathic Medical Society earlier this year, she said in her award speech that “working with family and patient groups in the community has helped me become a better psychiatrist and has enriched my life as a person.”

Kroplick is the first psychiatrist to win the award and told Psychiatric News that her community work has always been at the crux of her career. “The osteopathic philosophy is about treating the whole person,” she noted. “I not only treat individuals, but by encouraging mental health professionals, family members, and patients to work together, I treat the whole community.”

Coalition Building Gets National Attention

Her career led her back to New York, and after joining the West Hudson Psychiatric Society, she became its public affairs representative. When Kroplick attended a public affairs and legislative conference to represent the district branch in the mid-1990s, she was inspired after listening to a presentation about mental health coalitions by Nada Stotland, M.D., M.P.H., then chair of APA’s Joint Commission on Public Affairs and later a president of APA. Once back in Rockland County, N.Y., Kroplick received a small amount of funding from her district branch to invite a diverse group of mental health professionals,

representatives from local hospitals and government offices, consumers, and family members to what would be the first meeting of the Mental Health Coalition of Rockland County. “Our mission was to destigmatize mental illness and promote mental health,” said Kroplick.

Since that initial 1996 meeting, the coalition has spread the message that mental illnesses are similar to physical illnesses and that treatment works. Psychiatrists, family members, and consumers who are coalition members have conveyed this message through presentations to various audiences in Rockland County, including clergy, police, school students, and Rotary Club members, according to Kroplick. APA honored the coalition in 1998 and 2000 with its Public Affairs Network Award, and Kroplick was recognized in 1998 for her work with the coalition by the National Alliance for the Mentally Ill (NAMI, now the National Alliance on Mental Illness), which gave her its Exemplary Psychiatrist Award. In 2011, NAMI recognized the coalition for its outstanding community work with the Florence Gould Gross Award.

It was during her term as president of the West Hudson Psychiatric Society that the terrorist attacks of September 11, 2001, took place. “I was in complete shock like everyone else,” Kroplick recalled. However, she wasted no time in calling a meeting with district branch board members to organize a way for the members to volunteer their services to survivors. Kroplick also organized an effort by district branch members to provide mental health services at Pier 94, which had already been established as a place where those who had been traumatized by the attacks could receive mental health care. “I worked many 12-hour shifts there,” Kroplick recalled. “We also debriefed police and other first responders,” she said. APA recognized Kroplick in 2003 for her disaster-related work when it gave her the Bruno Lima Award.

For the past five years, Kroplick has served as medical advisor to the Rockland County chapter of the Depression and Bipolar Support Alliance and remains actively involved with the Mental Health Coalition of Rockland County. She also maintains a private practice.

“Being involved in community groups and helping others have always been passions of mine. I’d like to keep working with other mental health professionals, family members, and patients, as we have much to learn from one another,” Kroplick said. “I believe that together, we can achieve what we could not do as individuals.”

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CORRESPONDENCE

(Editors note: I vowed when I started this publication to publish anything sent to me. Please send me announcements, news, notices, rumor, recipes, innuendo, ads etc).

Alzheimer’s Brain, Mind and Consciousness

Syed Abdullah, M.D.

“I can’t think. I can’t plan. I feel as though my feet are in sand, and I have no ground to stand on.”

Words of an elderly woman in advanced stage of Alzheimer’s disease, during one of her brief lucid moments weeks before she passed away.

No organ in the human body is as intriguing as the brain. This soft, greyish, wrinkled organ has

approximately 100 billion to a trillion neurons embedded in its substance. Each one of these neurons has myriads of dendrites and axons surrounding it and emerging from it. Surrounding these are the support cells - astrocytes and glia. The complexity of this organ is defined by this tremendous inter-neuronal connectedness through the synapses. These electrical connections are mediated by tiny molecules of neurotransmitters produced by these cells. There have been dozens of these transmitters identified and more are being discovered all the time. For our discussion in this brief paper, however, we will focus mostly on one of the transmitters e.g: Acetylcholine.

It is in the design of this self-regulating, super-computer that from within its cells an enzyme called cholinesterase is produced which ensures the destruction of acetylcholine once its job is done. With each activation of neuronal impulses, a fresh supply of acetylcholine is produced to continue this parsimonious working of the circuits in the brain without interruption. This modulation of neuronal activity makes it a highly adaptable arrangement for allowing the processes of learning, thinking, and the storage & retrieval of information. It is thus the basis for the construction of our memories, emotions, personality, and character traits. It is the temporal lobe of the brain that is central in the formation and storage of long-term memory. The temporal cortex is most profoundly affected in Alzheimer's disease.

This supercomputer, run on a simple set of rules, is far beyond what modern technology can build by way of a massively complex parallel computer.

Mind is an emergent principle of the brain, independent and unpredictable, which observes and makes sense of the material universe, including the observer himself. We store a representation of the observable universe in our brain. We have a cortical version of ourselves as an observable image. Consciousness is an emergent faculty of the mind, also autonomous and unpredictable, that observes the mind. Consciousness can itself observe consciousness. This line of thinking leads us to the frontiers of knowing and into the domain of the spiritual truths that are subserved by a subtle faculty that defies tidy anatomical, or neuromolecular explanations. The topic is ineffable and beyond the scope of this essay.

Let us recapitulate: consciousness emerges from the mind; mind emerges from the workings of the brain; brain is linked to the basic principles of biology; biology emerges from biochemistry and chemistry; and finally chemistry emerges from the principles of physics. But it does not follow that understanding physics completely will lead us to the perfect understanding of mind and consciousness.

If we imagine that in one part of the brain, we store a representation of the observable universe, a universe that includes ourselves. Next, let us imagine that there is a separate part of the brain that is capable of monitoring cortical function and examining the cortical representation of the self. As the cortex stores a representation of the observable universe and it is not difficult for the cortex to learn that part of its observable universe is the observer. Thus the cortex is able to form a representation of the observer. Consciousness is not totally lost in Alzheimer's disease, even when the havocs of cognitive decline are quite advanced. Loss of consciousness, periods of fainting spells, are not typical of Alzheimer's disease. If these occur in early part of the illness then the diagnosis of Alzheimer's disease can be called into question. Periods of unconsciousness is more typical in other forms of dementia namely strokes, trauma, tumors and infections, etc.

In Alzheimer's disease Neurofibrillary tangles (NFT) develop within the pyramidal cells as

inclusion bodies and may extend into the dendrites. The severity of the dementia correlates positively with the density of the NFTs in the neocortex. It is well established that they disrupt and undermine the normal functions of the cells until finally the cell, choked from within, dies. When the cell dissolves, the NFT persists as an extra-neuronal structure, referred to as a 'ghost' tangle. The alterations within the cells, as a result of NFT formation, are progressive and gradual. With the help of advanced biochemical and immuno-chemical assays, it has been determined that NFTs are formed of insoluble paired helical filaments. The intracellular proteolytic system is ineffective in lysing these structures. In Alzheimer's dementia neurons that are specially affected by NFT formation are situated in limbic periallocortex, hippocampus, amygdala and the granular layers of the association neocortex of the frontal and temporal lobes and the basal forebrain cholinergic systems. It is evident that the stimulus for NFT formation spreads from neuron to neuron.

The density of NFT formation is highest in the medial temporal lobe (uncus, amygdala, hippocampus and parahippocampal gyrus). There is evidence that the pathological process in AD spreads along a sequence of cortico-cortical connections between the association cortical areas and the hippocampal formation. NFTs are the major cause of pyramidal cell death in the limbic system although other factors may also be involved.

In the aging brain of the elderly, who are not demented, we find NFTs but there the association areas and the neocortical areas are mostly spared. The characteristic pattern of the distribution of NFT in the undemented individuals permits the differentiation of the stages in aging. In the case of AD, the accumulation of insoluble and proteolysis-resistant structures like NFTs can cause the disruption of the cytoplasmic functions eventually leading to the death of the cell. The neurons of long cortico-cortical and hippocampal projections perish in AD. Some of these systems are compromised in the elderly also, but not to the same extent as in AD.

Besides NFTs, the other major pathological markers in the AD brain are the neuritic plaques. Neuritic plaques are foci of enlarged axons, synaptic terminals and dendrites, associated with extracellular beta/A4 amyloid. They appear as roughly spherical areas of 10-150 nm in diameter. The initial step in the formation of plaques is thought to be amyloid deposition. The extracellular deposition of amyloid is a major component of plaques, comprising 70% of the proteinaceous material in the plaque core. Senile plaques are recognized as accumulations of amyloid with abnormal neurites in the aged brain. The average concentration of plaques in the cortex is significantly greater in AD than in normal aging or in other disorders. Neuritic plaques found in AD brains are surrounded by proliferating astrocytes and microglial cells, which may play a role in amyloid synthesis and in the developing dementia. The sites that tend to have a predilection for amyloid deposits are amygdala, and the entorhinal cortex.

No one knows yet exactly what causes Alzheimer's disease. Researchers are learning about what happens to the brain as we grow older, what happens to brain cells in Alzheimer's disease, genes associated with Alzheimer's, and many other factors that may be important. Most researchers agree that the cause may be a complex set of factors.

Age and family history: Studies have shown that the greatest known risk for developing Alzheimer's is increasing age. As many as 10 percent of all people 65 years of age and older have Alzheimer's. As many as 50 percent of all people 85 and older have the disease. A family history of the disease is another known risk. Having a parent or sibling with the disease increases an individual's chances of developing Alzheimer's.

Genetics: Three genes have been identified that cause rare, inherited forms of the disease that

tend to occur before age 65. Researchers have also identified one gene that raises the risk of the more common form of Alzheimer's that affects older people. A gene on chromosome 12 has recently been shown to have a positive correlation to AD.

Other factors: Recent dementia research has focused on vascular risk factors, which are related to the blood and cardiovascular system. A great deal of evidence shows that disorders such as high cholesterol and high blood pressure - factors that cause strokes and heart disease - may also increase the risk for developing Alzheimer's. Being over weight and suffering from Type II diabetes are additional risk factors. Head injuries and lack of active intellectual pursuits in mid-life also appear to be contributory factors. Also implicated is the toxicity induced by heavy metals like iron, mercury and aluminum etc. Newer areas of investigation include the study of oxidative stress damage to the brain, and the protective role of anti-oxidants, like Vitamins E and C etc.

Data presented by Zhi-Xing Yao and Vassillios Papadopoulos at the June 2002 meeting of The Endocrine Society, show that elevated levels of cholesterol play an even greater role in the development of Alzheimer's disease. APP, amyloid precursor protein, is found in several major organs including the brain. In people with Alzheimer's, APP is abnormally processed and converted to beta amyloid protein. When fragments of this protein break off, they lead to the formation of plaques that are one of the characteristic structural abnormalities found in the brains of people with Alzheimer's disease. Past research has shown that high cholesterol levels appear to increase APP levels, which in turn leads to increased levels of beta amyloid protein. High cholesterol levels also increase the rate at which the amyloid beta peptides break off and form amyloid plaques.

New research indicates that high cholesterol increases the production of apolipoprotein E (APOE), which is responsible for transportation of cholesterol out of the cell. Researchers discovered that too much APOE results in the accumulation of free cholesterol, which is toxic to human nerve cells.

Papadopoulos and colleagues found that a certain type of protein, bovine lipoproteins, would bind with the free cholesterol, allowing it to be transported back to the liver and negating its harmful effects. 'By giving the dangerous free cholesterol something to bind to, we are paving the way for possible new therapies,' Papadopoulos said. 'Our study adds to the growing body of evidence implicating high cholesterol as a significant risk factor in Alzheimer's disease, and breaks new ground in showing the damage caused by excessive levels of cholesterol.'

An Alzheimer's Society statement on this issue is as follows:

Cholesterol and Alzheimer's disease -- where is the link?

A number of pieces of research point to a link between cholesterol and Alzheimer's disease:

□ Major epidemiological studies have shown with a high degree of likelihood that people who have high levels of cholesterol in mid-life increase their risk of Alzheimer's disease in later life at least 2.5 times.

□ The genetic form of the protein that is primarily responsible for transporting cholesterol in the body (apolipoprotein E) also determines an individual's risk of developing Alzheimer's disease. People who carry one copy of the E4 gene variant of apolipoprotein (ApoE4) increase their risk of Alzheimer's disease by 4 times, people with two copies of the ApoE4 gene increase their risk by 16 times.

□ People who are prescribed a class of drugs called "statins" (drugs used to lower blood cholesterol) also have a reduced risk of developing Alzheimer's disease.

These three pieces of evidence point to a common factor — cholesterol — and implicate it as a contributing cause of Alzheimer's disease.

Cholesterol and APP (amyloid precursor protein)

One of the key pathological changes in Alzheimer's disease is the accumulation of microscopic plaques of insoluble amyloid protein in the brain. These plaques are neurotoxic. They induce an inflammatory process in the surrounding astrocytes and glial cells resulting in the death of nerve cells.

Amyloid protein is produced by the body from the amyloid precursor protein gene. The gene codes for a very large protein, that is then cut down to make A-beta peptide. In Alzheimer's disease the normally soluble A-beta peptides clump together forming the insoluble beta-amyloid protein — the main constituent of amyloid plaques. New research suggests that high levels of cholesterol cause the body to produce more APP. Because more APP is being produced, more A-beta peptide is produced, and because there is more A-beta, there is a greater chance of aggregation and plaque formation.

Treatment Options and Summary :

At present the leading symptomatic treatment of AD is based on neurotransmitter-level enhancement. Tacrine (Cognex), Donepezil (Aricept), Rivastigmine (Excellon) and Galantamine (Reminyl) are in the current approved list of FDA. All act as cholinesterase inhibitors thereby enhancing the level of acetylcholine at the synapses. As a result, the measurable cognitive functions show a modest improvement. But, unfortunately they do not prevent, or slow down, the rate of loss of brain cells. As this continues relentlessly, the initial improvement in the symptoms decline after a while.

It is to be noted that there are several neurotransmitters involved in the pathogenesis of Alzheimer's dementia, catecholamines being one of them. The drug Selegiline has been used for its role in increasing the levodopa level at the cortical neuronal level. This drug, used primarily in Parkinson's disease, has not found favor in its use in Alzheimer's disease in the USA. Besides, it has the same drawback of not having any protective effect on cell death and plaque formation. It has been suggested that the use of Selegiline along with antioxidants like Vitamins E, and C and Beta Carotene etc might have an enhanced protective effect on the cortical cells. Research is ongoing and the jury is still out.

The use of antioxidants in the prevention and slowing down of plaque formation, and neurofibrillary tangles remains a tantalizing and relatively safe approach in the management of Alzheimer's disease. It has been suggested that the oxidative stress suffered by the brain cells makes them more vulnerable to damage and consequent NFT formation as well as the deposition of the plaques. Attention to diet and vitamin supplementation is therefore an important part of the treatment regimen. Proponents of alternative treatments have emphasized this point in the extensive literature available on the Internet.

I would like to conclude this essay with a vignette: The wife of one of my patients, who was the sole care giver of her husband, in an advanced stage of dementia, reported the following incidence: "One day I spoke to John how tired I was standing in attendance to him and how my legs ached and were killing me. As usual, John gave no outward sign of understanding me. But late that night while I was fast asleep I found John standing at the foot of the bed massaging my legs!" The point of this vignette is to emphasize how consciousness, that subtle awareness, that implicit cognitive process, outlasts even the gross decline of most of the cognitive capabilities!

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Inquiries: John J Lucas, MD, FRCPC [845.469.3123](tel:845.469.3123)

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We are seeking a BC/BE part-time Psychiatrist to join our established group practice as an independent contractor. Excellent financial opportunity. Our facility is located in Goshen, Orange County, New York. Interested candidates should fax their CV & cover letter to: 845-294-3785.

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Call Lorraine Schorr, MSW 354-5040

Depression Support Group

Depression support group meets 2 times a month in Pomona, NY. We are inviting new members at this time. We are moderated by a clinical social worker. This is not a therapy group but social support for people fighting depression. Call Kathy for more information (914) 714- 2837.

Rockland County Depression and Bipolar Support Alliance

peer-to-peer run support group for people with depression, bipolar disorder, anxiety disorder or any related mood disorder & their friends & family. The support group meets every Thursday night from 6:30 - 8:30 at St. John's Episcopal Church, located at 365 Strawtown Road in New City. Reservations are not required. There is no fee for attending the support group meetings. This is a very warm and welcoming group run by people who have been there and can help. Any questions please call Leslie or Leonard at [845-837-1182](tel:845-837-1182).



Psychiatrist – Outpatient Services - Part Time

Job Snapshot

Location : 25 Hemlock Dr, Congers, NY 10920
Employee Type : Part-Time
Industry : Not for Profit - Charitable
Manage Others : No
Job Type : Nonprofit Medical / Social Services
Education : Doctorate
Experience : 2 years
Post Date : 5-6-2014

Contact Information

Ref ID : 050212-SJR

Description

ARC Health Resources, a division of ARC of Rockland, provides primary care, mental health and long term therapies to individuals with developmental disabilities. Our mission is to make available to individuals with developmental disabilities, circumstances and opportunities that will lead to an ever improving quality of life which will allow them to participate fully in society's mainstream.

About the Opportunity:

We are currently seeking a part-time Psychiatrist for our outpatient clinic operation. The Psychiatrist will render psychiatric, medication management & coordination of care services. ARC HealthResources carries the professional malpractice insurance for our psychiatric providers.

Requirements:

The candidate will possess an M.D. degree from an accredited school of medicine, licensure from the New York State Department of Education & active DEA registration for prescribing psychotropic medications. The successful candidate will have experience in an outpatient setting with the population served; have an excellent 'bedside manner'; capability of communicating effectively with the individual, staff and families; possess strong computer skills to facilitate use of an EMR for documentation, e-prescribing, etc. Strong organizational and time management skills a plus.

Specific Tasks Include:

1. Deliver quality health care through proper diagnosis and treatment of patients.
2. Provide adequate and appropriate follow up, documentation and communication with patients, family members and support staff while complying with all State and Federal regulations.
3. Assist with development of an organizational and administrative structure that assures adequacy and quality of care.
4. Adhere to and enforce all, State and Federal guidelines related to patient care and corporate compliance.

Please send your resume in confidence to [\[Click Here to Email Your Resumé\]](#) or fax (845) 267-2364.

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ARC of Rockland, *Creating a Lifetime of Abilities for People with Disabilities.*
For more information on ARC of Rockland, please visit our website at www.rocklandarc.org



Mental Health Association of Rockland County

Connecting people. Educating families. Rebuilding lives.

Karen Nolan 845-398-6572

Date: March 3, 2014
Job Title: Medical Director
Program: Medical Services
Full/Part Time

Responsibilities: Coordinates, provides and ensures mandatory compliance of all Medical policies and services of the agency's direct medical programs. This position provides professional (and clinical) supervision and leadership to medical staff and medical and psychiatric clinical services to individuals recovering from mental illness and/or substance abuse. The Medical Director conducts physical assessments, determines physical health needs, provides treatment and counseling; performs diagnostic assessment to evaluate medication and overall health needs of clients; prescribes medication in order to eliminate or reduce symptoms using safest possible products with fewest side effects; monitors clients for side effects of medications; provides medication education to all individuals seen and engages them as partners in the treatment process; stays abreast of current information on both new and older medications; consults with patients, their families, and other interested persons to interpret clinical findings and provide coordinated care; conducts group and family therapy sessions; participates in meetings as needed; executes paperwork requirements including documentation of all clients and collateral contacts, referral forms, entitlement reviews and annual psychiatric evaluations in a timely manner; schedules and provides backup for other program physicians, evaluating designated clients in emergency or during vacations; and additional related duties as assigned.

Requirements: Possession of a license to practice medicine, issued by NYS and completion in an approved residents training in psychiatry. Administrative experience in a mental health, clinic or related program preferred. Must obtain a federal DATA 2000 waiver (buprenorphine-certified) within four months of employment. The Medical Director will also need to have or obtain a board certification in addiction psychiatry or the equivalent from either: the American Board of Medical Specialties, the American Society of Addiction Medicine, American Board of Addiction Medicine, or the Addiction Medicine from the American Osteopathic Association. Experience working with a diverse population and experience as a psychiatrist in a mental health, clinic or related program preferred. Computer skills and familiarity with WORD, EXCEL and other software programs required. A current driver's license is required. If interested please send resume including salary requirements and full or part time interests to:

Mental Health Association of Rockland County, Inc.
Attention: Human Resources
140 Route 303
Valley Cottage, NY 10989
Fax #: 845-267-2169
E-Mail: dumontn@mharockland.org

EOE *Due to the high number of applicants, only successful candidates will be notified*



**Mental Health Association
of Rockland County**

Connecting people. Educating families. Rebuilding lives.

Date: March 3, 2014

Job Title: Psychiatrist(s)
Program: Medical Services
Full/Part Time

Responsibilities: Performs diagnostic assessments to evaluate medication and overall mental health needs of clients in a busy and culturally diverse recovery program; prescribes medication; monitors clients for side effects of medications; provides medication education and engages clients as partners in the treatment process; stays current on both new and older medications and incorporates this knowledge into treatment; consults with patients, their families, and other interested persons to interpret clinical findings and provide coordinated care; conducts group and family therapy sessions; participates in treatment planning meetings and meets with other clinical and treatment staff for case review and input; orders medical lab tests and health referrals as needed; executes paperwork requirements including documentation of all clients and collateral contacts, referral forms, entitlement reviews and annual psychiatric evaluations in a timely manner; provides backup for other program physicians as needed; and additional related duties as assigned.

Requirements: Possession of a license to practice medicine, issued by the State of New York and completion in an approved residents training in psychiatry. Experience working with a diverse population and experience as a psychiatrist in a mental health, clinic or related program preferred. Strong written, verbal, and organizational skills needed. A current driver's license is required. If interested please send resume including salary requirements and full or part time interests to:

If interested please send resume to:

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Attention: Human Resources
140 Route 303
Valley Cottage, NY 10989
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