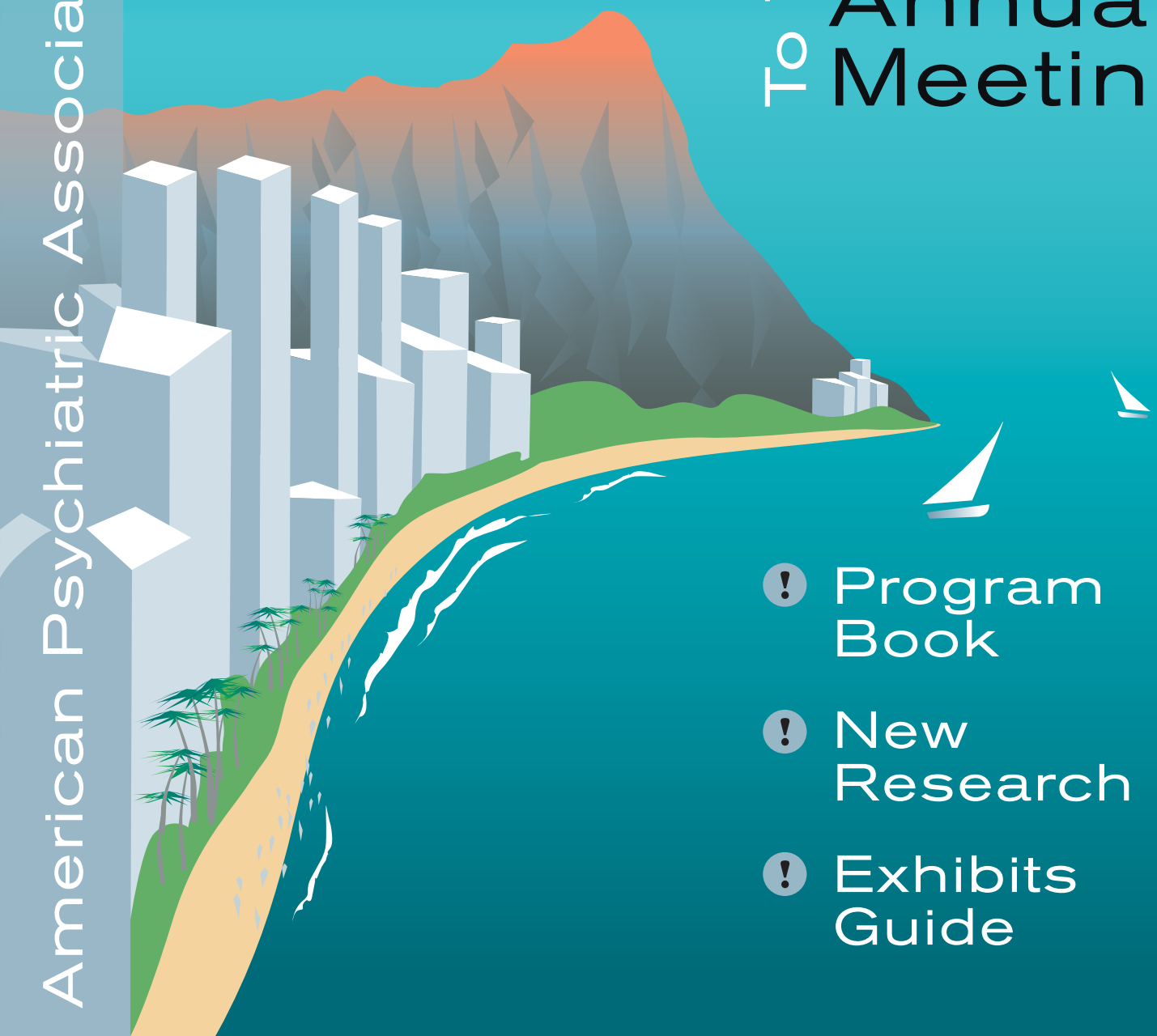
Transforming Mental Health Through Leadership, Discovery and Collaboration

GUIDE

American Psychiatric Association

To The 2011 Annual Meeting



- Program Book
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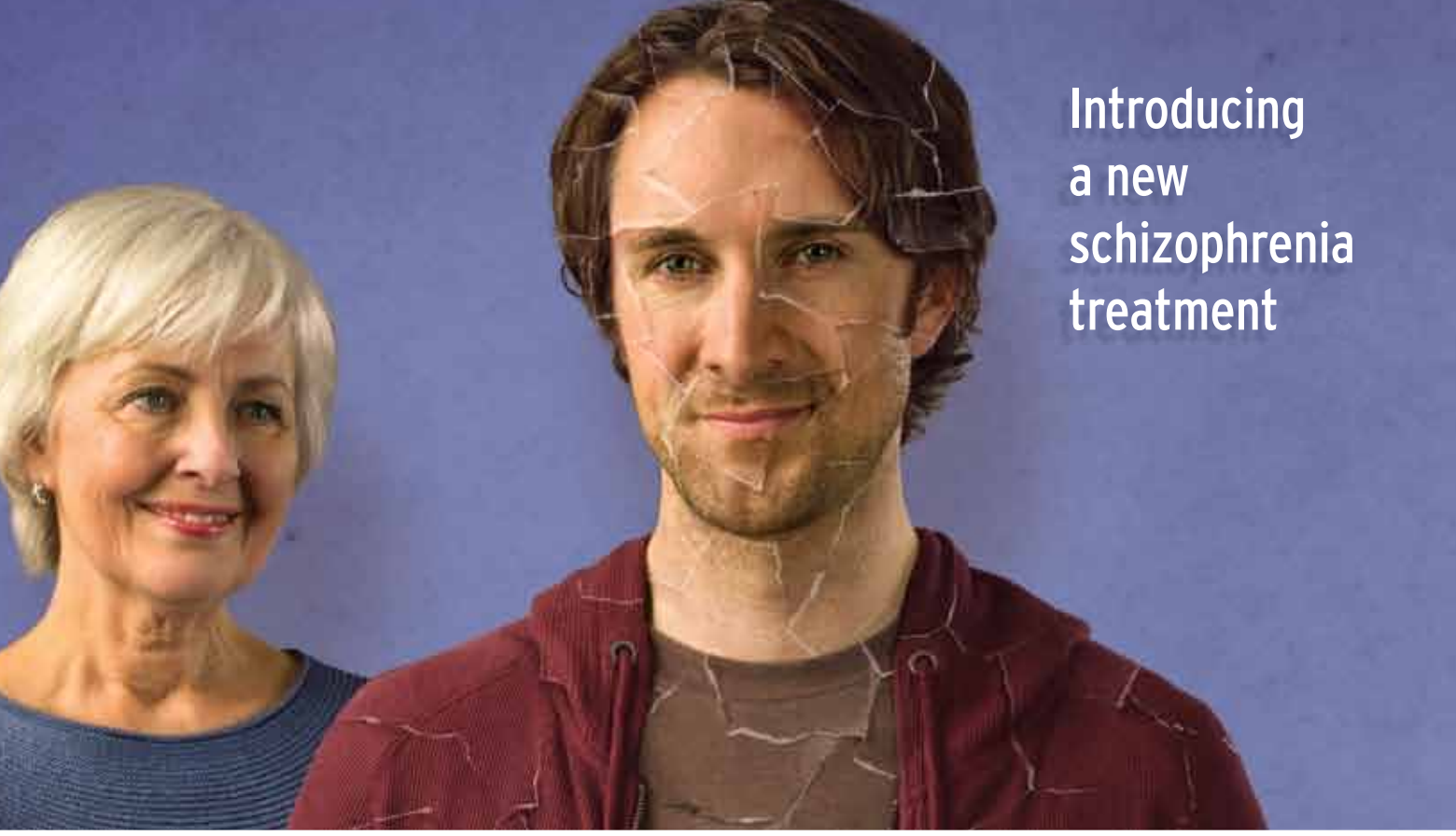

IMPORTANT SAFETY INFORMATION FOR LATUDA

WARNING: INCREASED MORTALITY IN ELDERLY PATIENTS WITH DEMENTIA-RELATED PSYCHOSIS

Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. Analyses of 17 placebo-controlled trials (modal duration of 10 weeks), largely in patients taking atypical antipsychotic drugs, revealed a risk of death in the drug-treated patients of between 1.6 to 1.7 times that seen in placebo-treated patients. Over the course of a typical 10-week controlled trial, the rate of death in drug-treated patients was about 4.5% compared to a rate of about 2.6% in the placebo group. Although the causes of death were varied, most of the deaths appeared to be either cardiovascular (e.g., heart failure, sudden death) or infectious (e.g., pneumonia) in nature. LATUDA is not approved for the treatment of patients with dementia-related psychosis.

CONTRAINDICATIONS

LATUDA is contraindicated in any patient with a known hypersensitivity to lurasidone HCl or any components in the formulation. Angioedema has been observed with lurasidone. LATUDA is contraindicated with strong CYP3A4 inhibitors (e.g., ketoconazole) and strong CYP3A4 inducers (e.g., rifampin).

WARNINGS AND PRECAUTIONS

Cerebrovascular Adverse Reactions, Including Stroke: LATUDA is not approved for the treatment of patients with dementia-related psychosis.

Neuroleptic Malignant Syndrome (NMS): NMS, a potentially fatal symptom complex, has been reported with administration of antipsychotic drugs, including LATUDA. NMS can cause hyperpyrexia, muscle rigidity, altered mental status, and evidence of autonomic instability (irregular pulse or blood pressure, tachycardia, diaphoresis, and cardiac dysrhythmia). Additional signs may include elevated creatine phosphokinase, myoglobinuria (rhabdomyolysis), and acute renal failure. The management of NMS should include: 1) immediate discontinuation of antipsychotic drugs and other drugs not essential to concurrent therapy; 2) intensive symptomatic treatment and medical monitoring; and 3) treatment of any concomitant serious medical problems for which specific treatments are available.

Tardive Dyskinesia (TD): The risk of developing TD and the likelihood that it will become irreversible are believed to increase as the duration of treatment and the total cumulative dose of antipsychotic drugs administered to the patient increase. However, the syndrome can develop, although much less commonly, after relatively brief treatment periods at low doses. Given these considerations, LATUDA should be prescribed in a manner that is most likely to minimize the occurrence of TD. If signs and symptoms appear in a patient on LATUDA, drug discontinuation should be considered.

Metabolic Changes

- **Hyperglycemia and Diabetes Mellitus:** Hyperglycemia, in some cases extreme and associated with ketoacidosis or hyperosmolar coma or death, has been reported in patients treated with atypical antipsychotics. Patients with risk factors for diabetes mellitus (e.g., obesity, family history of diabetes) who are starting treatment with atypical antipsychotics should undergo fasting blood glucose testing at the beginning of and periodically during treatment. Any patient treated with atypical antipsychotics should be monitored for symptoms of hyperglycemia including polydipsia, polyuria, polyphagia, and weakness. Patients who develop symptoms of hyperglycemia during treatment with atypical antipsychotics should undergo fasting blood glucose testing. In some cases, hyperglycemia has resolved when the atypical antipsychotic was discontinued; however, some patients required continuation of anti-diabetic treatment despite discontinuation of the suspect drug.
- **Dyslipidemia:** Undesirable alterations in lipids have been observed in patients treated with atypical antipsychotics.
- **Weight Gain:** Weight gain has been observed with atypical antipsychotic use. Clinical monitoring of weight is recommended.

Visit us at Booth 721

NEW

Latuda®

(lurasidone HCl) tablets 40mg and 80mg

INDICATION AND USAGE

LATUDA is an atypical antipsychotic agent indicated for the treatment of patients with schizophrenia. Efficacy was established in four 6-week controlled studies of adult patients with schizophrenia. The effectiveness of LATUDA for longer-term use, that is, for more than 6 weeks, has not been established in controlled studies. Therefore, the physician who elects to use LATUDA for extended periods should periodically re-evaluate the long-term usefulness of the drug for the individual patient.

Please see brief summary of prescribing information, including **Boxed Warning**, on adjacent pages.

Hyperprolactinemia: As with other drugs that antagonize dopamine D2 receptors, LATUDA elevates prolactin levels. Galactorrhea, amenorrhea, gynecomastia, and impotence have been reported in patients receiving prolactin-elevating compounds.

Leukopenia, Neutropenia, and Agranulocytosis: Leukopenia/neutropenia has been reported during treatment with antipsychotic agents. Agranulocytosis (including fatal cases) has been reported with other agents in the class. Patients with a preexisting low white blood cell count (WBC) or a history of drug induced leukopenia/neutropenia should have their complete blood count (CBC) monitored frequently during the first few months of therapy, and LATUDA should be discontinued at the first sign of a decline in WBC in the absence of other causative factors.

Orthostatic Hypotension and Syncope: LATUDA may cause orthostatic hypotension. LATUDA should be used with caution in patients with known cardiovascular disease (e.g., heart failure, history of myocardial infarction, ischemia, or conduction abnormalities), cerebrovascular disease, or conditions that predispose the patient to hypotension (e.g., dehydration, hypovolemia, and treatment with antihypertensive medications). Monitoring of orthostatic vital signs should be considered in all patients who are vulnerable to hypotension.

Seizures: LATUDA should be used cautiously in patients with a history of seizures or with conditions that lower seizure threshold (e.g., Alzheimer's dementia).

Potential for Cognitive and Motor Impairment: In short-term, placebo-controlled trials, somnolence was reported in 22.3% (224/1004) of patients treated with LATUDA compared to 9.9% (45/455) of placebo patients, respectively. The frequency of somnolence increases with dose. Patients should be cautioned about operating hazardous machinery, including motor vehicles, until they are reasonably certain that therapy with LATUDA does not affect them adversely.

Body Temperature Regulation: Disruption of the body's ability to reduce core body temperature has been attributed to antipsychotic agents. Appropriate care is advised when prescribing LATUDA for patients who will be experiencing conditions that may contribute to an elevation in core body temperature, e.g., exercising strenuously, exposure to extreme heat, receiving concomitant medication with anticholinergic activity, or being subject to dehydration.

Suicide: The possibility of suicide attempt is inherent in psychotic illness and close supervision of high-risk patients should accompany drug therapy. Prescriptions for LATUDA should be written for the smallest quantity of tablets consistent with good patient management in order to reduce the risk of overdose.

Dysphagia: Esophageal dysmotility and aspiration have been associated with antipsychotic drug use. Aspiration pneumonia is a common cause of morbidity and mortality in elderly patients, in particular those with advanced Alzheimer's dementia. LATUDA is not indicated for the treatment of dementia-related psychosis, and should not be used in patients at risk for aspiration pneumonia.

DRUG INTERACTIONS

Drug Interactions: Given the primary CNS effects of LATUDA, caution should be used when it is taken in combination with other centrally acting drugs and alcohol.

ADVERSE REACTIONS

Commonly Observed Adverse Reactions (≥5% and at least twice that for placebo): The most commonly observed adverse reactions in patients treated with LATUDA in short-term clinical studies were somnolence, akathisia, nausea, parkinsonism, and agitation.

Please see full Prescribing Information, including **Boxed Warning**, available at Booth 721.

FOR MORE INFORMATION, PLEASE CALL 1-888-394-7377 OR VISIT **www.LatudaHCP.com**.

SUNOVION

LATUDA® (lurasidone HCl) Tablets

Brief Summary (for full prescribing information, see package insert)

WARNING: INCREASED MORTALITY IN ELDERLY PATIENTS WITH DEMENTIA-RELATED PSYCHOSIS

Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. Analyses of 17 placebo-controlled trials (modal duration of 10 weeks), largely in patients taking atypical antipsychotic drugs, revealed a risk of death in drug-treated patients of between 1.6 to 1.7 times the risk of death in placebo-treated patients. Over the course of a typical 10-week controlled trial, the rate of death in drug-treated patients was about 4.5%, compared to a rate of about 2.6% in the placebo group. Although the causes of death were varied, most of the deaths appeared to be either cardiovascular (e.g., heart failure, sudden death) or infectious (e.g., pneumonia) in nature.

Observational studies suggest that, similar to atypical antipsychotic drugs, treatment with conventional antipsychotic drugs may increase mortality. The extent to which the findings of increased mortality in observational studies may be attributed to the antipsychotic drug as opposed to some characteristic(s) of the patients is not clear.

LATUDA is not approved for the treatment of patients with dementia-related psychosis. *[see Warnings and Precautions (5.1)]*

1. INDICATIONS AND USAGE

LATUDA is indicated for the treatment of patients with schizophrenia.

The efficacy of LATUDA in schizophrenia was established in four 6-week controlled studies of adult patients with schizophrenia *[see Clinical Studies]*.

The effectiveness of LATUDA for longer-term use, that is, for more than 6 weeks, has not been established in controlled studies. Therefore, the physician who elects to use LATUDA for extended periods should periodically re-evaluate the long-term usefulness of the drug for the individual patient *[see Dosage and Administration]*.

4. CONTRAINDICATIONS

LATUDA is contraindicated in any patient with a known hypersensitivity to lurasidone HCl or any components in the formulation. Angioedema has been observed with lurasidone [*see Adverse Reactions (6.6)*].

LATUDA is contraindicated with strong CYP3A4 inhibitors (e.g., ketoconazole) and strong CYP3A4 inducers (e.g., rifampin) [*see Drug Interactions (7.1)*].

5. WARNINGS AND PRECAUTIONS

5.1 Increased Mortality in Elderly Patients with Dementia-Related Psychosis

Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. LATUDA is not approved for the treatment of dementia-related psychosis [*see Boxed Warning*].

5.2 Cerebrovascular Adverse Reactions, Including Stroke

In placebo-controlled trials with risperidone, aripiprazole, and olanzapine in elderly subjects with dementia, there was a higher incidence of cerebrovascular adverse reactions (cerebrovascular accidents and transient ischemic attacks), including fatalities, compared to placebo-treated subjects. LATUDA is not approved for the treatment of patients with dementia-related psychosis *[see also Boxed Warning and Warnings and Precautions (5.1)]*.

5.3 Neuroleptic Malignant Syndrome

A potentially fatal symptom complex sometimes referred to as Neuroleptic Malignant Syndrome (NMS) has been reported in association with administration of antipsychotic drugs, including LATUDA.

Clinical manifestations of NMS are hyperpyrexia, muscle rigidity, altered mental status, and evidence of autonomic instability (irregular pulse or blood pressure, tachycardia, diaphoresis, and cardiac dysrhythmia). Additional signs may include elevated creatinine phosphokinase, myoglobinuria (rhabdomyolysis), and acute renal failure.

The diagnostic evaluation of patients with this syndrome is complicated. It is important to exclude cases where the clinical presentation includes both serious medical illness (e.g. pneumonia, systemic infection) and untreated or inadequately treated extrapyramidal signs and symptoms (EPS). Other important considerations in the differential diagnosis include central anticholinergic toxicity, heat stroke, drug fever, and primary central nervous system pathology.

The management of NMS should include: 1) immediate discontinuation of antipsychotic drugs and other drugs not essential to concurrent therapy; 2) intensive symptomatic treatment and medical monitoring; and 3) treatment of any concomitant serious medical problems for which specific treatments are available. There is no general agreement about specific pharmacological treatment regimens for NMS.

If a patient requires antipsychotic drug treatment after recovery from NMS, the potential reintroduction of drug therapy should be carefully considered. If reintroduced, the patient should be carefully monitored, since recurrences of NMS have been reported.

5.4 Tardive Dyskinesia

Tardive Dyskinesia is a syndrome consisting of potentially irreversible, involuntary, dyskinetic movements that can develop in patients treated with antipsychotic drugs. Although the prevalence of the syndrome appears to be highest among the elderly, especially elderly women, it is impossible to rely upon prevalence estimates to predict, at the inception of antipsychotic treatment, which patients are likely to develop the syndrome. Whether antipsychotic drug products differ in their potential to cause tardive dyskinesia is unknown.

The risk of developing tardive dyskinesia and the likelihood that it will become irreversible are believed to increase as the duration of treatment and the total cumulative dose of antipsychotic drugs administered to the patient increase. However, the syndrome can develop, although much less commonly, after relatively brief treatment periods at low doses.

There is no known treatment for established cases of tardive dyskinesia, although the syndrome may remit, partially or completely, if antipsychotic treatment is withdrawn. Antipsychotic treatment, itself, however, may suppress (or partially suppress) the signs and symptoms of the syndrome and thereby may possibly mask the underlying process. The effect that symptomatic suppression has upon the long-term course of the syndrome is unknown.

Given these considerations, LATUDA should be prescribed in a manner that is most likely to minimize the occurrence of tardive dyskinesia. Chronic antipsychotic treatment should generally be reserved for patients who suffer from a chronic illness that (1) is known to respond to antipsychotic drugs, and (2) for whom alternative, equally effective, but potentially less harmful treatments are not available or appropriate. In patients who do require chronic treatment, the smallest dose and the shortest duration of treatment producing a satisfactory clinical response should be sought. The need for continued treatment should be reassessed periodically.

If signs and symptoms of tardive dyskinesia appear in a patient on LATUDA, drug discontinuation should be considered. However, some patients may require treatment with LATUDA despite the presence of the syndrome.

5.5 Metabolic Changes

Atypical antipsychotic drugs have been associated with metabolic changes that may increase cardiovascular/cerebrovascular risk. These metabolic changes include hyperglycemia, dyslipidemia, and body weight gain. While all of the drugs in the class have been shown to produce some metabolic changes, each drug has its own specific risk profile.

Hyperglycemia and Diabetes Mellitus

Hyperglycemia, in some cases extreme and associated with ketoacidosis or hyperosmolar coma or death, has been reported in patients treated with atypical antipsychotics. Assessment of the relationship between atypical antipsychotic use and glucose abnormalities is complicated by the possibility of an increased background risk of diabetes mellitus in patients with schizophrenia and the increasing incidence of diabetes mellitus in the general population. Given these confounders, the relationship between atypical antipsychotic use and hyperglycemia-related adverse events is not completely understood. However, epidemiological studies suggest an increased risk of treatment-emergent hyperglycemia-related adverse events in patients treated with the atypical antipsychotics. Because LATUDA was not marketed at the time these studies were performed, it is not known if LATUDA is associated with this increased risk.

Patients with an established diagnosis of diabetes mellitus who are started on atypical antipsychotics should be monitored regularly for worsening of glucose control. Patients with risk factors for diabetes mellitus (e.g., obesity, family history of diabetes) who are starting treatment with atypical antipsychotics should undergo fasting blood glucose testing at the beginning of treatment and periodically during treatment. Any patient treated with atypical antipsychotics should be monitored for symptoms of hyperglycemia including polydipsia, polyuria, polyphagia, and weakness. Patients who develop symptoms of hyperglycemia during treatment with atypical antipsychotics should undergo fasting blood glucose testing. In some cases, hyperglycemia has resolved when the atypical antipsychotic was discontinued; however, some patients required continuation of anti-diabetic treatment despite discontinuation of the suspect drug.

Pooled data from short-term, placebo-controlled studies are presented in Table 1.

Table 1: Change in Fasting Glucose

	Placebo	LATUDA 20 mg/day	LATUDA 40 mg/day	LATUDA 80 mg/day	LATUDA 120 mg/day
Mean Change from Baseline (mg/dL)					
	n=438	**n=71**	**n=352**	**n=270**	**n=283**
Serum Glucose	-0.7	-0.6	2.5	-0.9	2.5
Proportion of Patients with Shifts to ≥ 126 mg/dL					
Serum Glucose (≥ 126 mg/dL)	8.6% (34/397)	11.7% (7/60)	14.3% (47/328)	10.0% (24/241)	10.0% (26/260)

In the uncontrolled, longer-term studies (primarily open-label extension studies), LATUDA was associated with a mean change in glucose of +1.6 mg/dL at week 24 (n=186), +0.3 mg/dL at week 36 (n=236) and +1.2 mg/dL at week 52 (n=244).

Dyslipidemia

Undesirable alterations in lipids have been observed in patients treated with atypical antipsychotics. Pooled data from short-term, placebo-controlled studies are presented in Table 2.

Table 2: Change in Fasting Lipids

	Placebo	LATUDA 20 mg/day	LATUDA 40 mg/day	LATUDA 80 mg/day	LATUDA 120 mg/day
Mean Change from Baseline (mg/dL)					
	n=418	**n=71**	**n=341**	**n=263**	**n=268**
Total cholesterol	-8.5	-12.3	-9.4	-9.8	-3.8
Triglycerides	-15.7	-29.1	-6.2	-14.2	-3.1
Proportion of Patients with Shifts					
Total Cholesterol (≥ 240 mg/dL)	6.6% (23/350)	13.8% (8/58)	7.3% (21/287)	6.9% (15/216)	3.8% (9/238)
Triglycerides (≥ 200 mg/dL)	12.5% (39/312)	14.3% (7/49)	14.0% (37/264)	8.7% (17/196)	10.5% (22/209)

In the uncontrolled, longer-term studies (primarily open-label extension studies), LATUDA was associated with a mean change in total cholesterol and triglycerides of -4.2 (n=186) and -13.6 (n=187) mg/dL at week 24, -1.9 (n=238) and -3.5 (n=238) mg/dL at week 36 and -3.6 (n=243) and -6.5 (n=243) mg/dL at week 52, respectively.

Weight Gain

Weight gain has been observed with atypical antipsychotic use. Clinical monitoring of weight is recommended.

Pooled data from short-term, placebo-controlled studies are presented in Table 3. The mean weight gain was 0.75 kg for LATUDA-treated patients compared to 0.26 kg for placebo-treated patients. In study 3 [*see Clinical Studies (14.1)*] change in weight from baseline for olanzapine was 4.15 kg. The proportion of patients with a ≥ 7% increase in body weight (at Endpoint) was 5.6% for LATUDA-treated patients versus 4.0% for placebo-treated patients.

Table 3: Mean Change in Weight (kg) from Baseline

	Placebo (n=450)	LATUDA 20 mg/day (n=71)	LATUDA 40 mg/day (n=358)	LATUDA 80 mg/day (n=279)	LATUDA 120 mg/day (n=291)
All Patients	0.26	-0.15	0.67	1.14	0.68

In the uncontrolled, longer-term studies (primarily open-label extension studies), LATUDA was associated with a mean change in weight of -0.38 kg at week 24 (n=531), -0.47 kg at week 36 (n=303) and -0.71 kg at week 52 (n=244).

5.6 Hyperprolactinemia

As with other drugs that antagonize dopamine D_2 receptors, LATUDA elevates prolactin levels.

Hyperprolactinemia may suppress hypothalamic GnRH, resulting in reduced pituitary gonadotrophin secretion. This, in turn, may inhibit reproductive function by impairing gonadal steroidogenesis in both female and male patients. Galactorrhea, amenorrhea, gynecomastia, and impotence have been reported with prolactin-elevating compounds. Long-standing hyperprolactinemia when associated with hypogonadism may lead to decreased bone density in both female and male patients *[see Adverse Reactions (6)]*.

In short-term placebo-controlled studies, the median change from baseline to endpoint in prolactin levels for LATUDA-treated patients was 1.1 ng/mL and was -0.6 ng/mL in the placebo-treated patients. The increase in prolactin was greater in female patients; the median change from baseline to endpoint for females was 1.5 ng/mL and was 1.1 ng/mL in males. The increase in prolactin concentrations was dose-dependent (Table 4).

Table 4: Median Change in Prolactin (ng/mL) from Baseline

	Placebo	LATUDA 20 mg/day	LATUDA 40 mg/day	LATUDA 80 mg/day	LATUDA 120 mg/day
All Patients	-0.6 (n=430)	-1.1 (n=70)	0.3 (n=351)	1.1 (n=259)	3.3 (n=284)
Females	-1.5 (n=102)	-0.7 (n=19)	-0.9 (n=99)	2.0 (n=78)	6.7 (n=70)
Males	-0.5 (n=328)	-1.2 (n=51)	0.5 (n=252)	0.9 (n=181)	3.1 (n=214)

The proportion of patients with prolactin elevations ≥ 5x ULN was 3.6% for LATUDA-treated patients versus 0.7% for placebo-treated patients. The proportion of female patients with prolactin elevations > 5x ULN was 8.3% for LATUDA-treated patients versus 1% for placebo-treated female patients. The proportion of male patients with prolactin elevations > 5x ULN was 1.9% versus 0.6% for placebo-treated male patients.

In the uncontrolled longer-term studies (primarily open-label extension studies), LATUDA was associated with a median change in prolactin of -1.9 ng/mL at week 24 (n=188), -5.4 ng/mL at week 36 (n=189) and -3.3 ng/mL at week 52 (n=243).

Tissue culture experiments indicate that approximately one-third of human breast cancers are prolactin dependent in vitro, a factor of potential importance if the prescription of these drugs is considered in a patient with previously detected breast cancer. As is common with compounds which increase prolactin release, an increase in mammary gland neoplasia was observed in a LATUDA carcinogenicity study conducted in rats and mice *[see Nonclinical Toxicology]*. Neither clinical studies nor epidemiologic studies conducted to date have shown an association between chronic administration of this class of drugs and tumorigenesis in humans, but the available evidence is too limited to be conclusive.

5.7 Leukopenia, Neutropenia and Agranulocytosis

Leukopenia/neutropenia has been reported during treatment with antipsychotic agents. Agranulocytosis (including fatal cases) has been reported with other agents in the class.

Possible risk factors for leukopenia/neutropenia include pre-existing low white blood cell count (WBC) and history of drug induced leukopenia/neutropenia. Patients with a pre-existing low WBC or a history of drug induced leukopenia/neutropenia should have their complete blood count (CBC) monitored frequently during the first few months of therapy and LATUDA should be discontinued at the first sign of decline in WBC, in the absence of other causative factors.

Patients with neutropenia should be carefully monitored for fever or other symptoms or signs of infection and treated promptly if such symptoms or signs occur. Patients with severe neutropenia (absolute neutrophil count < 1000/mm^3) should discontinue LATUDA and have their WBC followed until recovery.

5.8 Orthostatic Hypotension and Syncope

LATUDA may cause orthostatic hypotension, perhaps due to its α1-adrenergic receptor antagonism. The incidence of orthostatic hypotension and syncope events from short-term, placebo-controlled studies was (LATUDA incidence, placebo incidence): orthostatic hypotension [0.4% (4/1004), 0.2% (1/455)] and syncope [< 0.1% (1/1004), 0%]. Assessment of orthostatic hypotension defined by vital sign changes (≥ 20 mm Hg decrease in systolic blood pressure and ≥ 10 bpm increase in pulse from sitting to standing or supine to standing positions). In short-term clinical trials orthostatic hypotension occurred with a frequency of 0.8% with LATUDA 40 mg, 1.4% with LATUDA 80 mg and 1.7% with LATUDA 120 mg compared to 0.9% with placebo.

LATUDA should be used with caution in patients with known cardiovascular disease (e.g., heart failure, history of myocardial infarction, ischemia, or conduction abnormalities), cerebrovascular disease, or conditions that predispose the patient to hypotension (e.g., dehydration, hypovolemia, and treatment with antihypertensive medications). Monitoring of orthostatic vital signs should be considered in patients who are vulnerable to hypotension.

5.9 Seizures

As with other antipsychotic drugs, LATUDA should be used cautiously in patients with a history of seizures or with conditions that lower the seizure threshold, e.g., Alzheimer's dementia. Conditions that lower the seizure threshold may be more prevalent in patients 65 years or older.

In short-term placebo-controlled trials, seizures/convulsions occurred in < 0.1% (1/1004) of patients treated with LATUDA compared to 0.2% (1/455) placebo-treated patients.

5.10 Potential for Cognitive and Motor Impairment

LATUDA, like other antipsychotics, has the potential to impair judgment, thinking or motor skills.

In short-term, placebo-controlled trials, somnolence was reported in 22.3% (224/1004) of patients treated with LATUDA compared to 9.9% (45/455) of placebo patients, respectively. The frequency of somnolence increases with dose; somnolence was reported in 26.5% (77/291) of patients receiving LATUDA 120 mg/day. In these short-term trials, somnolence included: hypersomnia, hypersomnolence, sedation and somnolence.

Patients should be cautioned about operating hazardous machinery, including motor vehicles, until they are reasonably certain that therapy with LATUDA does not affect them adversely.

5.11 Body Temperature Regulation

Disruption of the body's ability to reduce core body temperature has been attributed to antipsychotic agents. Appropriate care is advised when prescribing LATUDA for patients who will be experiencing conditions that may contribute to an elevation in core body temperature, e.g., exercising strenuously, exposure to extreme heat, receiving concomitant medication with anticholinergic activity, or being subject to dehydration *[see Patient Counseling Information (17.9)]*.

5.12 Suicide

The possibility of a suicide attempt is inherent in psychotic illness and close supervision of high-risk patients should accompany drug therapy. Prescriptions for LATUDA should be written for the smallest quantity of tablets consistent with good patient management in order to reduce the risk of overdose.

In short-term, placebo-controlled studies in patients with schizophrenia, the incidence of treatment-emergent suicidal ideation was 0.6% (6/1004) for LATUDA treated patients compared to 0.4% (2/455) on placebo. No suicide attempts or completed suicides were reported in these studies.

5.13 Dysphagia

Esophageal dysmotility and aspiration have been associated with antipsychotic drug use. Aspiration pneumonia is a common cause of morbidity and mortality in elderly patients, in particular those with advanced Alzheimer's dementia. LATUDA is not indicated for the treatment of dementia-related psychosis, and should not be used in patients at risk for aspiration pneumonia.

5.14 Use in Patients with Concomitant Illness

Clinical experience with LATUDA in patients with certain concomitant systemic illnesses is limited *[see Use in Specific Populations (8.7, 8.8)]*. LATUDA has not been evaluated or used to any appreciable extent in patients with a recent history of myocardial infarction or unstable heart disease. Patients with these diagnoses were excluded from premarketing clinical studies *[see Warnings and Precautions (5.1, 5.8)]*.

6 ADVERSE REACTIONS

6.1 Overall Adverse Reaction Profile

The following adverse reactions are discussed in more detail in other sections of the labeling:

- Use in Elderly Patients with Dementia-Related Psychosis *[see Boxed Warning and Warnings and Precautions (5.1)]*
- Cerebrovascular Adverse Reactions, Including Stroke *[see Warnings and Precautions (5.2)]*
- Neuroleptic Malignant Syndrome *[see Warnings and Precautions (5.3)]*
- Tardive Dyskinesia *[see Warnings and Precautions (5.4)]*
- Hyperglycemia and Diabetes Mellitus *[see Warnings and Precautions (5.5)]*
- Hyperprolactinemia *[see Warnings and Precautions (5.6)]*
- Leukopenia, Neutropenia, and Agranulocytosis *[see Warnings and Precautions (5.7)]*
- Orthostatic Hypotension and Syncope *[see Warnings and Precautions (5.8)]*
- Seizures *[see Warnings and Precautions (5.9)]*
- Potential for Cognitive and Motor Impairment *[see Warnings and Precautions (5.10)]*
- Body Temperature Regulation *[see Warnings and Precautions (5.11)]*
- Suicide *[see Warnings and Precautions (5.12)]*
- Dysphagia *[see Warnings and Precautions (5.13)]*
- Use in Patients with Concomitant Illness *[see Warnings and Precautions (5.14)]*

The information below is derived from a clinical study database for LATUDA consisting of over 2096 patients with schizophrenia exposed to one or more doses with a total experience of 624 patient-years. Of these patients, 1004 participated in short-term placebo-controlled schizophrenia studies with doses of 20 mg, 40 mg, 80 mg or 120 mg once daily. A total of 533 LATUDA-treated patients had at least 24 weeks and 238 LATUDA-treated patients had at least 52 weeks of exposure.

Adverse events during exposure to study treatment were obtained by general inquiry and voluntarily reported adverse experiences, as well as results from physical examinations, vital signs, ECGs, weights and laboratory investigations. Adverse experiences were recorded by clinical investigators using their own terminology. In order to provide a meaningful estimate of the proportion of individuals experiencing adverse events, events were grouped in standardized categories using MedDRA terminology.

The stated frequencies of adverse reactions represent the proportion of individuals who experienced at least once, a treatment-emergent adverse event of the type listed. Treatment-emergent adverse events were defined as adverse experiences, which started or worsened on or after the date of the first dose through seven days after study medication discontinuation. There was no attempt to use investigator causality assessments; i.e., all events meeting the defined criteria, regardless of investigator causality are included. It is important to emphasize that, although the reactions occurred during treatment with LATUDA, they were not necessarily caused by it. The label should be read in its entirety to gain an understanding of the safety profile of LATUDA.

The figures in the tables and tabulations cannot be used to predict the incidence of side effects in the course of usual medical practice where patient characteristics and other factors differ from those that prevailed in the clinical studies. Similarly, the cited frequencies cannot be compared with figures obtained from other clinical investigations involving different treatment, uses and investigators. The cited figures, however, do provide the prescriber with some basis for estimating the relative contribution of drug and nondrug factors to the adverse reaction incidence in the population studied.

6.2 Clinical Studies Experience

The following findings are based on the short-term placebo-controlled premarketing studies for schizophrenia in which LATUDA was administered at daily doses ranging from 20 to 120 mg (n = 1004).

Commonly Observed Adverse Reactions: The most common adverse reactions (incidence ≥ 5% and at least twice the rate of placebo) in patients treated with LATUDA were somnolence, akathisia, nausea, parkinsonism and agitation.

Adverse Reactions Associated with Discontinuation of Treatment: A total of 9.4% (94/1004) LATUDA-treated patients and 5.9% (27/455) of placebo-treated patients discontinued due to adverse reactions. There were no adverse reactions associated with discontinuation in subjects treated with LATUDA that were at least 2% and at least twice the placebo rate.

Adverse Reactions Occurring at an Incidence of 2% or More in LATUDA-Treated Patients: Adverse reactions associated with the use of LATUDA (incidence of 2% or greater, rounded to the nearest percent and LATUDA incidence greater than placebo) that occurred during acute therapy (up to 6-weeks in patients with schizophrenia) are shown in Table 5.

Table 5: Adverse Reaction in 2% or More of LATUDA-Treated Patients and That Occurred at Greater Incidence than in the Placebo-Treated Patients in Short-term Schizophrenia Studies

	Percentage of Patients Reporting Reaction	
Body System or Organ Class Dictionary-derived Term	**Placebo (N=455)**	**All LATUDA (N=1004)**
Gastrointestinal Disorders		
Nausea	6	12
Vomiting	6	8
Dyspepsia	6	8
Salivary hypersecretion	<1	2
General Disorders and Administration Site Conditions		
Fatigue	3	4
Musculoskeletal and Connective Tissue Disorders		
Back Pain	3	4
Nervous System Disorders		
Somnolence*	10	22
Akathisia	3	15
Parkinsonism**	5	11
Dystonia***	1	5
Dizziness	3	5
Psychiatric Disorders		
Insomnia	7	8
Agitation	3	6
Anxiety	3	6
Restlessness	2	3

Note: Figures rounded to the nearest integer
*Somnolence includes adverse event terms: hypersomnia, hypersomnolence, sedation, and somnolence
**Parkinsonism includes adverse event terms: bradykinesia, cogwheel rigidity, drooling, extrapyramidal disorder, hypokinesia, muscle rigidity, parkinsonism, psychomotor retardation, and tremor
***Dystonia includes adverse event terms: dystonia, oculogyric crisis, oromandibular dystonia, tongue spasm, torticollis, and trismus

6.3 Dose-Related Adverse Reactions

Based on the pooled data from the placebo-controlled, short-term, fixed-dose studies, among the adverse reactions that occurred with a greater than 5% incidence in the patients treated with LATUDA, the apparent dose-related adverse reactions were akathisia and somnolence (Table 6).

Table 6: Dose-Related Adverse Events

	Percentage of Subjects Reporting Reaction				
Adverse Event Term	**Placebo (N=455) (%)**	**LATUDA 20 mg/day (N=71) (%)**	**LATUDA 40 mg/day (N=360) (%)**	**LATUDA 80 mg/day (N=282) (%)**	**LATUDA 120 mg/day (N=291) (%)**
Akathisia	3	6	11	15	22
Somnolence*	10	15	19	23	26

Note: Figures rounded to the nearest integer
*Somnolence includes adverse event terms: hypersomnia, hypersomnolence, sedation, and somnolence

6.4 Extrapyramidal Symptoms

In the short-term, placebo-controlled schizophrenia studies, for LATUDA-treated patients, the incidence of reported EPS-related events, excluding akathisia and restlessness, was 14.7% versus 5.1% for placebo-treated patients; and the incidence of akathisia for LATUDA-treated patients was 15.0% versus 3.3% for placebo-treated patients. Akathisia appeared to be dose-related and the greatest frequency of parkinsonism and dystonia occurred with the highest dose of LATUDA, 120 mg/day (Table 7).

Table 7: Percentage of EPS Compared to Placebo

Adverse Event Term	Placebo (N=455) (%)	LATUDA 20 mg/day (N=71) (%)	LATUDA 40 mg/day (N=360) (%)	LATUDA 80 mg/day (N=282) (%)	LATUDA 120 mg/day (N=291) (%)
All EPS events	9	10	24	26	39
All EPS events, excluding Akathisia/ Restlessness	5	6	13	11	22
Akathisia	3	6	11	15	22
Dystonia*	1	0	4	5	7
Parkinsonism**	5	6	10	7	17
Restlessness	2	1	4	1	3

Note: Figures rounded to the nearest integer
*Dystonia includes adverse event terms: dystonia, oculogyric crisis, oromandibular dystonia, tongue spasm, torticollis, and trismus
**Parkinsonism includes adverse event terms: bradykinesia, cogwheel rigidity, drooling, extrapyramidal disorder, hypokinesia, muscle rigidity, parkinsonism, psychomotor retardation, and tremor

In the short-term, placebo-controlled schizophrenia studies, data was objectively collected on the Simpson Angus Rating Scale for extrapyramidal symptoms (EPS), the Barnes Akathisia Scale (for akathisia) and the Abnormal Involuntary Movement Scale (for dyskinesias). The mean change from baseline for LATUDA-treated patients was comparable to placebo-treated patients, with the exception of the Barnes Akathisia Scale global score (LATUDA, 0.2; placebo, 0.0). The percentage of patients who shifted from normal to abnormal was greater in LATUDA-treated patients versus placebo for the BAS (LATUDA, 16.0%; placebo, 7.6%) and the SAS (LATUDA, 5.3%; placebo, 2.5%).

Dystonia

Class Effect: Symptoms of dystonia, prolonged abnormal contractions of muscle groups, may occur in susceptible individuals during the first few days of treatment. Dystonic symptoms include: spasm of the neck muscles, sometimes progressing to tightness of the throat, swallowing difficulty, difficulty breathing, and/or protrusion of the tongue. While these symptoms can occur at low doses, they occur more frequently and with greater severity with high potency and at higher doses of first generation antipsychotic drugs. An elevated risk of acute dystonia is observed in males and younger age groups.

In the short-term, placebo-controlled clinical trials, dystonia occurred in 4.7% of LATUDA-treated subjects (0.0% LATUDA 20 mg, 4.2% LATUDA 40 mg, 4.6% LATUDA 80 mg and 6.5% LATUDA 120 mg) compared to 0.7% of subjects receiving placebo. Seven subjects (0.7%, 7/1004) discontinued clinical trials due to dystonic events – 4 were receiving LATUDA 80 mg/day and 3 were receiving LATUDA 120 mg/day.

6.5 Laboratory Test Abnormalities and ECG Changes in Clinical Studies

Laboratory Test Abnormalities

In a between-group comparison of the pooled data from short-term, placebo-controlled studies, there were no clinically important changes in total cholesterol measurements; triglycerides or glucose from Baseline to Endpoint [*see Warnings and Precautions (5.5)*]. There were also no clinically important differences between LATUDA and placebo in mean change from baseline to endpoint in routine hematology, urinalysis, or serum chemistry. LATUDA was associated with a dose-related increase in prolactin concentration [*see Warnings and Precautions (5.6)*]

Creatinine: In short-term, placebo-controlled trials, the mean change from Baseline in creatinine was 0.06 mg/dL for LATUDA-treated patients compared to 0.03 mg/dL for placebo-treated patients. A creatinine shift from normal to high occurred in 3.1% (30/977) of LATUDA-treated patients and 1.4% (6/439) on placebo. The threshold for high creatinine value varied from ≥ 1.1 to ≥ 1.3 mg/dL based on the centralized laboratory definition for each study [*see Dosage in Special Population; Use in Specific Populations*].

Transaminases: The mean changes in AST and ALT for LATUDA- and placebo-treated patients were similar. The proportion of patients with transaminases (AST and ALT) elevations ≥ 3 times ULN was similar for all LATUDA-treated patients (0.8% and 0.8%, respectively) to placebo-treated patients (0.9% and 1.1%, respectively).

ECG Changes

Electrocardiogram (ECG) measurements were taken at various time points during the LATUDA clinical trial program. No post-baseline QT prolongations exceeding 500 msec were reported in patients treated with LATUDA. Within a subset of patients defined as having an increased cardiac risk, no potentially important changes in ECG parameters were observed. No cases of torsade de pointes or other severe cardiac arrhythmias were observed in the pre-marketing clinical program.

The effects of LATUDA on the QT/QTc interval were evaluated in a dedicated QT study involving 87 clinically stable patients with schizophrenia or schizoaffective disorder, who were treated with LATUDA doses of 120 mg daily, 600 mg daily, or ziprasidone 160 mg daily. Holter monitor-derived electrocardiographic assessments were obtained over an eight hour period at baseline and steady state. No patients treated with LATUDA experienced QTc increases > 60 msec from baseline, nor did any patient experience a QTc of > 500 msec.

6.6 Other Adverse Reactions Observed During the Premarketing Evaluation of LATUDA

Following is a list of MedDRA terms that reflect adverse reactions reported by patients treated with LATUDA at multiple doses of ≥ 20 mg once daily during any phase of a study within the database of 2096 patients. The reactions listed are those that could be of clinical importance, as well as reactions that are plausibly drug-related on pharmacologic or other grounds. Reactions listed in Table 5 are not included. Although the reactions reported occurred during treatment with LATUDA, they were not necessarily caused by it.

Reactions are further categorized by MedDRA system organ class and listed in order of decreasing frequency according to the following definitions: those occurring in at least 1/100 patients (frequent) (only those not already listed in the tabulated results from placebo-controlled studies appear in this listing); those occurring in 1/100 to 1/1000 patients (infrequent); and those occurring in fewer than 1/1000 patients (rare).

Blood and Lymphatic System Disorders: ***Infrequent:*** *anemia;* ***Rare:*** *leukopenia, neutropenia*
Cardiac Disorders: ***Frequent:*** *tachycardia;* ***Infrequent:*** *AV block 1st degree, angina pectoris, bradycardia*
Ear and Labyrinth Disorders: ***Infrequent:*** *vertigo*
Eye disorders: ***Frequent:*** *blurred vision*
Gastrointestinal Disorders: ***Frequent:*** *abdominal pain, diarrhea;* ***Infrequent:*** *gastritis, dysphagia*
General Disorders and Administrative Site Conditions: ***Rare:*** *Sudden death*
Investigations: ***Frequent:*** *CPK increased*
Metabolic and Nutritional System Disorders: ***Frequent:*** *decreased appetite*
Musculoskeletal and Connective Tissue Disorders: ***Rare:*** *rhabdomyolysis*
Nervous System Disorders: ***Infrequent:*** *tardive dyskinesia, cerebrovascular accident, dysarthria, syncope;* ***Rare:*** *neuroleptic malignant syndrome, seizure*
Psychiatric Disorders: ***Infrequent:*** *abnormal dreams, panic attack, sleep disorder;* ***Rare:*** *suicidal behavior*
Renal and Urinary Disorders: ***Infrequent:*** *dysuria;* ***Rare:*** *renal failure*
Reproductive System and Breast Disorders: ***Infrequent:*** *amenorrhea, dysmenorrhea;* ***Rare:*** *breast enlargement, breast pain, galactorrhea, erectile dysfunction*
Skin and Subcutaneous Tissue Disorders: ***Frequent:*** *rash, pruritus;* ***Rare:*** *angioedema*
Vascular Disorders: ***Infrequent:*** *hypertension, orthostatic hypotension*

7 DRUG INTERACTIONS

Given the primary CNS effects of LATUDA, caution should be used when it is taken in combination with other centrally acting drugs and alcohol.

7.1 Potential for Other Drugs to Affect LATUDA

LATUDA is not a substrate of CYP1A1, CYP1A2, CYP2A6, CYP4A11, CYP2B6, CYP2C8, CYP2C9, CYP2C19, CYP2D6 or CYP2E1 enzymes. This suggests that an interaction of LATUDA with drugs that are inhibitors or inducers of these enzymes is unlikely.

LATUDA is predominantly metabolized by CYP3A4; interaction of LATUDA with strong and moderate inhibitors or inducers of this enzyme has been observed (Table 8). LATUDA should not be used in combination with strong inhibitors or inducers of this enzyme *[see Contraindications (4)]*.

Table 8: Summary of Effect of Coadministered Drugs on Exposure to LATUDA in Healthy Subjects or Patients with Schizophrenia

Coadministered drug	Dose schedule		Effect on LATUDA pharmacokinetics		Recommendation
	Coadministered drug	LATUDA	C_{max}	AUC	
Ketoconazole (strong CYP3A4 inhibitor)	400 mg/day for 5 days	10 mg single dose	6.9-times LATUDA alone	9-times LATUDA alone	Should not be coadministered with LATUDA
Diltiazem (moderate CYP3A4 inhibitor)	240 mg/day for 5 days	20 mg single dose	2.1-times LATUDA alone	2.2-times LATUDA alone	LATUDA dose should not exceed 40 mg/day if coadministered
Rifampin (strong CYP3A4 inducer)	600 mg/day for 8 days	40 mg single dose	1/7th of LATUDA alone	1/5th of LATUDA alone	Should not be coadministered with LATUDA
Lithium	600 mg BID for 8 days	120 mg/day for 8 days	0.9-times LATUDA alone	1.1- times LATUDA alone	No LATUDA dose adjustment required.

7.2 Potential for LATUDA to Affect Other Drugs

Digoxin (P-gp substrate): Coadministration of LATUDA (120 mg/day) at steady state with a single dose of digoxin (0.25 mg) increased C_{max} and $AUC_{(0-24)}$ for digoxin by approximately 9% and 13%, respectively relative to digoxin alone. Digoxin dose adjustment is not required when coadministered with LATUDA.

Midazolam (CYP3A4 substrate): Coadministration of LATUDA (120 mg/day) at steady state with a single dose of 5 mg midazolam increased midazolam C_{max} and $AUC_{(0-24)}$ by approximately 21% and 44%, respectively relative to midazolam alone. Midazolam dose adjustment is not required when coadministered with LATUDA.

Oral Contraceptive (estrogen/progesterone): Coadministration of LATUDA (40 mg/day) at steady state with an oral contraceptive (OC) containing ethinyl estradiol and norelgestimate resulted in equivalent $AUC_{(0-24)}$ and C_{max} of ethinyl estradiol and norelgestromin relative to OC administration alone. Also, sex hormone binding globulin levels were not meaningfully affected by coadministration of LATUDA and OC. Dose adjustment of OC dose is not required when coadministered with LATUDA.

8. USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Teratogenic Effects

Pregnancy Category B

Lurasidone was not teratogenic in rats and rabbits. There are no adequate and well-controlled studies of LATUDA in pregnant women.

No teratogenic effects were seen in studies in which pregnant rats and rabbits were given lurasidone during the period of organogenesis at doses up to 25 and 50 mg/kg/day, respectively. These doses are 3 and 12 times, in rats and rabbits respectively, the maximum recommended human dose (MRHD) of 80 mg/day based on body surface area.

No adverse developmental effects were seen in a study in which pregnant rats were given lurasidone during the period of organogenesis and continuing through weaning at doses up to 10 mg/kg/day; this dose is approximately equal to the MRHD based on body surface area.

Non-teratogenic Effects

Neonates exposed to antipsychotic drugs during the third trimester of pregnancy are at risk for extrapyramidal and/or withdrawal symptoms following delivery. There have been reports of agitation, hypertonia, hypotonia, tremor, somnolence, respiratory distress and feeding disorder in these neonates. These complications have varied in severity; while in some cases symptoms have been self-limited, in other cases neonates have required intensive care unit support and prolonged hospitalization.

LATUDA should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

8.3 Labor and Delivery

The effect of LATUDA on labor and delivery in humans is unknown.

8.4 Nursing Mothers

LATUDA was excreted in milk of rats during lactation. It is not known whether LATUDA or its metabolites are excreted in human milk. Breast feeding in women receiving LATUDA should be considered only if the potential benefit justifies the potential risk to the child.

8.5 Pediatric Use

Safety and effectiveness in pediatric patients have not been established.

8.6 Geriatric Use

Clinical studies of LATUDA in the treatment of schizophrenia did not include sufficient numbers of patients aged 65 and older to determine whether or not they respond differently from younger patients. In elderly patients with psychosis (65 to 85), lurasidone concentrations (20 mg/day) were similar to those in young subjects *[see Clinical Pharmacology]*. No dose adjustment is necessary in elderly patients.

Elderly patients with dementia-related psychosis treated with LATUDA are at an increased risk of death compared to placebo. LATUDA is not approved for the treatment of patients with dementia-related psychosis *[see Boxed Warning]*.

8.7 Renal Impairment

It is recommended that LATUDA dose should not exceed 40 mg/day in patients with moderate and severe renal impairment ($Cl_{cr} \geq 10$ mL/min to < 50 mL/min).

After administration of a single dose of 40 mg LATUDA to patients with mild, moderate and severe renal impairment, mean C_{max} increased by 40%, 92% and 54%, respectively and mean $AUC_{(0-\infty)}$ increased by 53%, 91% and 2- times, respectively compared to healthy matched subjects.

8.8 Hepatic Impairment

It is recommended that LATUDA dose should not exceed 40 mg/day in patients with moderate and severe hepatic impairment (Child-Pugh Class B and C). In a single-dose study of LATUDA 20 mg, lurasidone mean $AUC_{(0-last)}$ was 1.5-times higher in subjects with mild hepatic impairment (Child-Pugh Class A), 1.7-times higher in subjects with moderate hepatic impairment (Child-Pugh Class B) and 3-times higher in subjects with severe hepatic impairment (Child-Pugh Class C) compared to the values for healthy matched subjects. Mean C_{max} was 1.3, 1.2 and 1.3-times higher for mild, moderate and severe hepatically impaired patients respectively, compared to the values for healthy matched subjects.

8.9 Gender

Population pharmacokinetic evaluation indicated that the mean AUC of LATUDA was 18% higher in women than in men, and correspondingly, the apparent oral clearance of LATUDA was lower in women. Mean C_{max} of LATUDA was similar between women and men. No dosage adjustment of LATUDA is recommended based on gender.

8.10 Race

Although no specific pharmacokinetic study was conducted to investigate the effects of race on the disposition of LATUDA, population pharmacokinetic evaluation revealed no evidence of clinically significant race-related differences in the pharmacokinetics of LATUDA. No dosage adjustment of LATUDA is recommended based on race.

8.11 Smoking Status

Based on in vitro studies utilizing human liver enzymes, LATUDA is not a substrate for CYP1A2; smoking is therefore not expected to have an effect on the pharmacokinetics of LATUDA.

10. OVERDOSAGE

10.1 Human Experience

In premarketing clinical studies involving more than 2096 patients and/or healthy subjects, accidental or intentional overdosage of LATUDA was identified in one patient who ingested an estimated 560 mg of LATUDA. This patient recovered without sequelae. This patient resumed LATUDA treatment for an additional two months.

10.2 Management of Overdosage

Consult a Certified Poison Control Center for up-to-date guidance and advice. There is no specific antidote to LATUDA, therefore, appropriate supportive measures should be instituted and close medical supervision and monitoring should continue until the patient recovers.

Cardiovascular monitoring should commence immediately, including continuous electrocardiographic monitoring for possible arrhythmias. If antiarrhythmic therapy is administered, disopyramide, procainamide, and quinidine carry a theoretical hazard of additive QT-prolonging effects when administered in patients with an acute overdose of LATUDA. Similarly the alpha-blocking properties of bretylium might be additive to those of LATUDA, resulting in problematic hypotension.

Hypotension and circulatory collapse should be treated with appropriate measures. Epinephrine and dopamine should not be used, or other sympathomimetics with beta-agonist activity, since beta stimulation may worsen hypotension in the setting of LATUDA-induced alpha blockade. In case of severe extrapyramidal symptoms, anticholinergic medication should be administered.

Gastric lavage (after intubation if patient is unconscious) and administration of activated charcoal together with a laxative should be considered.

The possibility of obtundation, seizures, or dystonic reaction of the head and neck following overdose may create a risk of aspiration with induced emesis.

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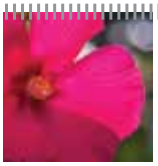
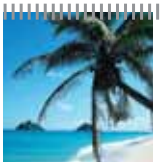
GUIDE TO THIS BOOK

PROGRAM BOOK, NEW RESEARCH PROGRAM BOOK, EXHIBITS GUIDE

This book contains the *Program Book*, *New Research Program Book* and *Exhibits Guide*. Located within the *Program Book* you will find a topic index in addition to program tracks (color-coded) that will assist you in finding scientific sessions of interest. The individual program for each day of the meeting is separated by pull-out tabs so that you can easily find the day(s) of the meeting that interests you. The program is listed by start time with the formats listed alphabetically under those times. To make it even easier to plan your day a separate Days-at-a-Glance has been included with your registration materials.

The *New Research Program Book* lists the titles of the Posters that will be presented at this meeting, organized numerically by session/day. There is a topic index for the Posters only at the end of the *New Research Program Book*. The *Exhibits Guide* contains a list of the exhibitors and a floor plan of the exhibit hall, along with information about the Product Theaters.

If you have any questions about this book or the scientific program, please feel free to stop by the Scientific Programs Office, Room 302A, Level 3, Hawaii Convention Center and an APA staff person will be happy to assist you. All central office APA staff will be wearing green badges.

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2011 SCIENTIFIC PROGRAM COMMITTEE

Front Row – Seated Left to Right: Catherine C. Crone, M.D., Iqbal Ahmed, M.D., Patricia I. Ordorica, M.D., Tana A. Grady-Weliky, M.D. (Chair), Carol A. Bernstein, M.D. (APA President), Michele T. Pato, M.D., Kenneth R. Silk, M.D., Kelli Harding, M.D.
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Not Pictured: Gabrielle A. Carlson, M.D., Lucy A. Epstein, M.D., Carl B. Feinstein, M.D., Donald M. Hilty, M.D. (Co-Chairperson), Geetha Jayaram, M.D., Frances R. Levin, M.D., Julio Licinio, M.D., Jeffrey A. Lieberman, M.D., Annette M. Matthews, M.D., Madhukar H. Trivedi, M.D., Sidney H. Weissman, M.D.

Dear Colleagues and Guests:

Welcome to the 164th Annual Meeting of the American Psychiatric Association in Honolulu, an idyllic setting rich in cultural diversity and natural beauty. I think you will find the program thought-provoking and informative, reflecting a combination of new science, clinical advances and outstanding educational experiences.

"*Transforming Mental Health through Leadership, Discovery and Collaboration*" is the meeting's theme. We have invited the best psychiatrists and scientists from across the country and around the world to teach us about their work in special lectures, scientific symposia and workshops.

The official Opening Session will be on Sunday and the Convocation will be on Monday. We are honored to have world-renowned human rights activist and Nobel Peace Prize recipient Archbishop Desmond Tutu as the Convocation speaker. Also presenting a special lecture will be attorney Barry Scheck, co-founder of the Innocence Project, a non-profit legal clinic dedicated to exonerating wrongfully convicted people through DNA testing and to reforming the criminal justice system to prevent future similar injustices.

We are delighted to once again partner with the National Institute on Mental Health (NIMH) to highlight how cutting-edge science on mental disorders is informing clinical practice. Lectures by NIMH director Thomas Insel, M.D., and David Lewis, M.D., director of the Translational Neuroscience Program at the University of Pittsburgh headline the NIMH track.

Symposia will highlight the latest science, new developments in the treatment of neurodevelopmental and mood disorders, and progress on the revision of the DSM, including the status of field trials. *FocusLive*, the *Advances In* series, A*dvances in Medicine*, and *Advances in Research* all return by popular demand.

A new feature this year, the Annual Meeting Self-Assessment in Psychiatry, is designed to serve several purposes: identify areas needing improvement; fulfill the self-assessment component of Maintenance of Certification; help prioritize a learning program for the Annual Meeting; provide a score and peer comparison; and provide CME credit. After taking the 100-question assessment, physicians will receive feedback about areas of strength and weakness in medical knowledge.

Look for symbols throughout the Program Book to help you find sessions in a variety of topical tracks that may relate to your research interests and clinical practice as well as subspecialty tracks published in the *Days-At-a-Glance* brochure. We hope these tools will make it easier for you to navigate the meeting.

Many thanks go out to the Scientific Program Committee for its outstanding work under the leadership of Tana Grady-Weliky, M.D., and Don Hilty, M.D., and to the APA staff members who have all worked so diligently to ensure the breadth and quality of the 2011 Annual Meeting program. The APA will be honoring the memory of Dr. Grady-Weliky, who passed away on January 17, 2011 after a long and valiant battle with cancer. The outstanding educational opportunities which await you at our 164th Annual APA meeting are a tribute to her leadership and vision.

I look forward to seeing you in Hawaii.

Sincerely,

Carol A. Bernstein, M.D.

Dear APA Members and Guests:

I begin this welcome note with a tribute to Tana Grady-Weliky, M.D., Scientific Program Chair for this 164th Annual Meeting of the American Psychiatric Association.

Dr. Grady-Weliky died suddenly in January of 2011 after a valiant struggle with cancer. Tana provided strong and committed leadership for this year's meeting since her appointment by Dr. Carol Bernstein in the fall of 2009. She was also Associate Dean for Undergraduate Medical Education at the Oregon Health Sciences University and had a distinguished academic career. In addition to the several academic appointments she held, she was a valuable teacher, mentor, advocate, clinician, and colleague. More importantly, she was one of the finest physicians in our field and an outstanding example of the best psychiatry has to offer. This meeting is a testimony to her talent, courage and vision.

We would like to welcome you to Honolulu, Hawaii and are proud to embrace the culture and heritage of this fine American city and state. APA President Carol A. Bernstein, M.D. chose the theme of "*Transforming Mental Health Through Leadership, Discovery and Collaboration.*" The Program Committee has worked diligently and has structured the meeting to help you take advantage of the highest quality educational presentations available from leaders in psychiatry. These speakers will be discussing the latest work in educational, research and clinical arenas. We would like to particularly encourage you to attend the *Presidential Symposia,* scheduled throughout the meeting. The Meeting should be an outstanding event, particularly when coupled with the rich culture, history, food and activities that Hawaii has to offer. The Scientific Program Committee and APA staff have worked together to make sure that the program is eventful and exciting for our many attendees from within the US and around the world. We have also developed interdisciplinary events led by those whose expertise and professional work overlap with psychiatry. These fields include art, music, literature and business. As usual, we will have special sessions for residents and medical students to help orient them to the meeting and to highlight those aspects of the program that might be of the most interest to them.

Some key events at the Annual Meeting include the Business Meeting, held from 12:30 P.M. – 1:30 P.M, Sunday, May 15, in the Coral Room III-V, Mid-Pacific Conference Center, Hilton Hawaiian Village, and the Opening Session, which will be held at the Kalakaua Ballroom, Level 4, Hawaii Convention Center, Sunday, May 15, 3:30 P.M – 4:30 P.M. At the Opening Session, Dr. Bernstein will officially welcome the leaders from psychiatric societies in the U.S. and around the world, and will present her Presidential Address. Please also be sure to attend the Convocation of Distinguished Fellows on Monday from 3:30 P.M. – 5:00 P.M. in the Kalakaua Ballroom, Level 4, Hawaii Convention Center, where we will honor those being inducted as Fellows and Distinguished Fellows and many others receiving awards from the APA. The William C. Menninger Memorial lecture will be presented there by Nobel Laureate Archbishop Desmond Tutu.

The Program includes symposia, workshops, lectures, posters and small discussion groups. Leading experts will take you through the spectrum of translational science to events on leadership topics to the very best models of collaboration. Renowned authors from American Psychiatric Publishing, Incorporated are featured via small interactive workshops entitled "Meet the Author." We partnered this year with the National Institute of Mental Health to have a special track on recent discoveries relevant to patient care, from basic science discoveries to health care and prevention on a global level.

In order to continue to improve our Annual Meeting, we would appreciate your completing and returning evaluation forms. The Scientific Program Committee reviews meeting feedback in great detail so that we can continue to improve our programs in the future. Once again, welcome to Honolulu, Hawaii!

Mahalo!

Sincerely,

Donald M. Hilty

Vice-Chair, Scientific Program Committee

Hawaii Tourism Japan

GENERAL INFORMATION

KEY LOCATIONS IN THE HAWAII CONVENTION CENTER

APA Art Association ..... *Ala Halawai Concourse, Level 3*

APA Job Bank and Placement Center ..... *Exhibit Hall, Level 1*

APA Member Center ..... *Exhibit Hall, Level 1*

APA News Room ..... *Room 306, Level 3*

APA Periodicals ..... *Exhibit Hall, Level 1*

Audiovisual Preview Room ..... *Room 303B, Level 3*

CME Certificate of Attendance and Evaluation ..... *Exhibit Hall/ Registration Area*

Course Enrollment ..... *Main Lobby, Level 1*

Daily Bulletin ..... *Room 307B, Level 3*

DVD, MP3, and APA Online ..... *Exhibit Hall/Registration Area & Ala Halawai Concourse, Level 3*

Exhibitor Registration ..... *Main Lobby, Level 1*

Exhibits/ Publishers' Book Fair ..... *Exhibit Hall, Level 1*

First Aid ..... *Outside Room 319A, Level 3*

Housing Desk ..... *Main Lobby*

Lost and Found ..... *Room 304B, Level 3*

Meetings and Conventions Office ..... *Room 304B, Level 3*

Message Centers ..... *Exhibit Hall/ Registration Area & Main Lobby*

Registration ..... *Exhibit Hall/Registration Area*

Scientific Programs Office ..... *Room 302A, Level 3*

Shuttle Bus Desk ..... *Main Lobby, Level 1*

APA ART ASSOCIATION

Located on the Ala Halawai Concourse, Level 3, Hawaii Convention Center. The days and hours of operation are as follows: Sunday-Tuesday, 9:00 a.m.-3:00 p.m.; and Wednesday, 9:00 a.m.-2:00 p.m. This exhibit includes paintings, photography, ceramics, and crafts created by APA members and/or their significant others. Stop by for information on joining the APA Art Association.

APA JOB BANK AND PLACEMENT CENTER

Visit the APA Job Bank, located in Exhibit Hall, Level 1, Hawaii Convention Center, to search the most comprehensive online listing of psychiatric positions! The days and hours of operation are as follows: Saturday-Tuesday, 8:30 a.m.-3:00 p.m. Candidates: Register to post your resume; receive instant job alerts; use the career tools and more. Employers: Post your job opening during the meeting to get results as soon as possible. For more information on the Job Bank, visit <www.psych.org/jobbank>. A representative will be available on-site to provide assistance.

APA MEMBER CENTER

Located in Exhibit Hall, Level 1, Hawaii Convention Center. The days and hours of operation are as follows: Saturday-Tuesday, 8:00 a.m.-3:00 p.m. **The Member Center closes at 3:00 p.m. on Tuesday.** A few of the many APA activities exhibited include: Membership; APA's Internet-Based Programs; Continuing Medical Education; Quality Improvement; Psychiatric Services; Clinical Resources; Advocacy Tools; Career Development; Practice Management; and APA Periodicals.

APA NEWS ROOM AND COMMUNICATIONS OFFICE

Located in Room 306, Level 3, Hawaii Convention Center. The days and hours of operation are as follows: Saturday - Wednesday, 7:00 a.m.-3:00 p.m. **These rooms are for the use of registered press and credentialed public relations representatives only.**

APA PERIODICALS

Editorial staff from the *American Journal of Psychiatry*, *Psychiatric Services*, *Academic Psychiatry*, *Journal of Neuropsychiatry and Clinical Neurosciences*, *Psychosomatics,* and APA's CME journal, *Focus,* will be on hand to demonstrate online access for subscribers, and answer questions regarding submissions. Visitors can also purchase or renew subscriptions to all APA/APPI journals at the APPI booth, located in the Exhibit Hall. Complimentary copies of *Psychiatric News* will be available at stands located throughout the Hawaii Convention Center. Persons who wish to contact editors or reporters of *Psychiatric News* are asked to leave a message on the message board in the Meetings and Conventions Office, located in Room 304B, Level 3, Hawaii Convention Center. Written announcements, suggestions for articles, letters to the editor, or other material for the newspaper's consideration may be left with staff at the Periodicals Exhibit in the APA Member Center, located in Exhibit Hall Level 1, Hawaii Convention Center.

AUDIOVISUAL PREVIEW ROOM

Located in Room 303B, Level 3, Hawaii Convention Center. The days and hours of operation are as follows: Saturday-Tuesday, 6:30 a.m.-3:00 p.m.; and Wednesday, 6:30 a.m.-1:00 p.m. The Scientific Program Committee expects all presenters to preview their audiovisual materials prior to their sessions to familiarize themselves with the equipment. For your convenience, an audiovisual technician will be available to assist you and answer your questions.

CME CERTIFICATE OF ATTENDANCE AND EVALUATION

The Scientific Program Committee needs your feedback to assess the effectiveness of the program and to help plan next year's Annual Meeting. The general evaluation and certificate can be obtained by visiting the CME Certificate of Attendance booth located in the Main Lobby, Level 1, or via the web at www.psych.org/annualmeetingcme both during and after the meeting until August 19, 2011. You will need your badge number to access the evaluation and obtain your certificate. Certificate of attendance booth hours and location: Exhibit Hall/Registration Area Saturday, 11:00 a.m.-3:00 p.m. Sunday- Wednesday, 6:30 a.m.-3:00 p.m.

CONTINUING MEDICAL EDUCATION

Educational Objectives

At the conclusion of this meeting the participant will be able to:

1. Review new research findings in the fields of psychiatry and neuroscience and address gaps in knowledge;
2. Acquire new knowledge and skills in clinical psychiatry, which can be utilized to improve patient care;
3. Identify and remove barriers to the transfer of new knowledge for your practice, including provision of culturally competent care for diverse populations;
4. Assess a variety of treatment choices, including psychotherapeutic and pharmacological options; and
5. Recognize mental health service delivery issues, including barriers to care.

The APA is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The APA designates this live activity for a maximum of 40 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Please note: Formats on the scientific program, as outlined below, have been approved for CME credit.

The scientific sessions on the official Annual Meeting program, with some exceptions, meet the criteria for AMA PRA Category 1 Credit™. Sessions in the following program formats are designated as category 1: **Advances in… Series; Case Conferences; CME Courses; Focus Live; Forums; Industry-Supported Symposia; Lectures; Master Courses; Presidential Symposia; Scientific and Clinical Reports; Seminars; Small Interactive Sessions; Symposia; and Workshops.**

New Research Poster Sessions are not designated for AMA PRA Category 1Credit™.

Scientific sessions are open to all Annual Meeting registrants with the exception of Case Conferences, which are open to APA members only. CME Courses and Master Courses require an additional fee.

To document CME credit earned at the Annual Meeting, participants should utilize the Daily Attendance Log provided in this book. Credit is earned on an hour-for-hour basis.

COURSE ENROLLMENT

Ticket Purchase Is Required For All Courses.
Located in Main Lobby, Level 1, Hawaii Convention Center. The days and hours of operation are the same as registration. Course tickets not sold in advance will be available on-site at the Course Enrollment Area beginning at 12 noon on Friday. You must be registered for the meeting before you can enroll in courses.

DAILY BULLETIN

Located in Room 307B, Level 3, Hawaii Convention Center. The *Daily Bulletin* will be available at the Hawaii Convention Center and distributed door-to-door at selected hotels. In addition, the *Daily Bulletin* is "going mobile." The mobile edition, presented in the NXTBook flash format, will feature key selected articles from each print issue along with pertinent daily schedule information. Members will receive a broadcast email each day that will link to the mobile and digital publications.

ANNUAL MEETING ONLINE SALES

Located in the Exhibit Hall/Registration Area & Ala Halawai Concourse, Level 3 Hawaii Convention Center. The days and hours of operation are as follows: Saturday-Wednesday, 7:00 a.m.-3:00 p.m. Over 100 hours of CME programs will be available. Purchase includes online access, DVD-ROM and MP3 downloads.

EXHIBITOR REGISTRATION

Located in the Main Lobby, Level 1, Hawaii Convention Center. The days and hours of operation are as follows: Friday, 8:00 a.m.-6:00 p.m.; Saturday-Tuesday, 7:00 a.m.-3:00 p.m. Registered exhibitors will receive red badges that will permit access only to his/her exhibit booth in the Exhibit Hall and to ride the APA shuttle bus. If an exhibitor wants to attend sessions, he/she must register for the meeting and pay the appropriate fee.

EXHIBITS/PUBLISHERS' BOOK FAIR

Commercial and educational exhibits will be located in the Exhibit Hall, Level 1, Hawaii Convention Center, along with the Publishers' Book Fair. For your convenience, the Publishers' Book Fair will be open on Saturday, from 8:00 a.m.-3:00 p.m. Educational and commercial exhibit hours are as follows: Sunday-Tuesday, 8:00 a.m.-3:00 p.m. **The exhibits and Publishers' Book Fair close at 3:00 p.m. on Tuesday.**

FIRST AID

Located outside of Room 319B, Level 3, Hawaii Convention Center, the hours of operation are as follows: Monday, May 9-Wednesday, May 18. First aid opens 30 minutes prior to the show opening and closes 30 minutes after the last event of the evening.

MEETINGS AND CONVENTIONS OFFICE

Located in Room 304B, Level 3, Hawaii Convention Center. The days and hours of operation are as follows: Friday, 9:00 a.m.-5:00 p.m.; Saturday, 6:00 a.m.-3:00 p.m.; Sunday-Monday, 6:00 a.m.-4:30 p.m.; and Tuesday-Wednesday, 6:00 a.m.-3:00 p.m. The staff located in the Meetings and Conventions Office is in charge of the logistics for the meeting. **Lost and found is also located in this office.**

MESSAGE CENTERS

Located in the Exhibit Hall/Registration Area & Main Lobby. The days and hours of operation are as follows: Friday, 12 noon-6:00 p.m.; Saturday-Wednesday, 6:30 a.m.-3:00 p.m. Messages can be left and retrieved at any of the Message Centers. Registrants whose names appear on these monitors should pick up their message at one of these Message Centers.

REGISTRATION

Admission To All Sessions Is By Registration Badge Only. Located in the Exhibit Hall/Registration Area, Hawaii Convention Center. The days and hours of operation are as follows: Friday, (11:00 a.m.-12 noon, APA members only) 12 noon-6:00 p.m.; Saturday,-Tuesday, 6:30 a.m.-3:00 p.m.; and Wednesday, 6:30 a.m.-1:00 p.m. The registration fee covers admission to all sessions (except courses), shuttle buses, a badge and copy of the *Guide to the 2011 Annual Meeting*, which includes the *Program Book, New Research Program Book, and Exhibits Guide,* and a CD containing the *New Research Program Abstracts*, for most categories, the *Syllabus, and the Guide*. Registration badges are required for all sessions and the Exhibit Hall. Only an APA member badge will admit you to the Business Meeting.

Badge Color Codes:
Blue=Members;
Yellow=Nonmembers;
Silver=Press;
Red=Exhibitors;
Green=APA Staff; and
Clear=Temporary Personnel.

SCIENTIFIC PROGRAMS OFFICE

Located in Room 302A, Level 3, Hawaii Convention Center. The days and hours of operation are as follows**:** Friday, 11 a.m.-6:00 p.m.; and Saturday-Tuesday, 6:30 a.m.-4:00 p.m. and Wednesday, 6:30 a.m.-3:00 p.m. Come to this office if you have questions about:

1. Scientific sessions listed in the Program Book or Syllabus;
2. Adding audiovisual equipment to scientific sessions;
3. Scientific program changes;
4. Submitting a scientific session for the 2012 Annual Meeting; and
5. The 2011 Institute on Psychiatric Services.

SCIENTIFIC SESSION CAPACITY GUIDELINES

If overcrowding occurs in a scientific session we ask your assistance so that all in attendance can benefit. Please abide by the following guidelines if you are in a crowded room.

1. Take a seat as close to the front of the room as possible;
2. Move to the center of the row and fill all seats, so that chairs are available on the aisles for additional attendees;
3. Don't stand or sit in the aisles or lean against walls. Overcrowding of meeting rooms may subject the session to shut down by the Fire Marshall; therefore, please either find a seat or attend another session; and
4. If there are no seats available, a DVD of the session might be available. Please check the DVD order form that is included with your registration materials.

SHUTTLE BUS SERVICE

You must be a registered attendee or a registered exhibitor to ride on the courtesy shuttle bus. Shuttle bus service will begin on Saturday, at approximately 6:00 a.m., and will operate daily throughout the meeting commensurate with the scientific program schedule and will conclude on Wednesday, at 3:00 p.m. The Hawaii Convention Center will serve as the "hub" for all shuttle bus routes. The Shuttle Bus Desk is located in the Main Lobby, Level 1, Hawaii Convention Center. A detailed shuttle bus schedule will be available upon receipt of your registration materials and will be posted in the lobbies of participating hotels.

SMOKING POLICY

There will be **NO SMOKING** in scientific sessions or in the Exhibit Hall. Smoking will only be permitted in designated areas.

TAPE RECORDING AND VISUAL REPRODUCTION POLICIES

Audiotape recording is only permitted for personal use. Attendees are welcome to use their own small, portable audiotape recorders to record any session except Case Conferences, unless prohibited by the presenters. Larger, professional tape recorders are not permitted except for use by registered members of the working press in accordance with APA Press Policies. APA has authorized a professional firm to tape sessions. Badges of personnel representing this firm will clearly identify them. Attendees are not permitted to photograph (including with cell phone cameras) or videotape any session because the intrusive nature of the recording may disrupt the session.

FUTURE APA MEETINGS
APA ANNUAL MEETINGS

May 5-9, 2012	Philadelphia, PA
May 18-22, 2013	San Francisco, CA
May 3-7, 2014	New York, NY

INSTITUTES ON PSYCHIATRIC SERVICES

October 27-30, 2011	San Francisco, CA
October 4-7, 2012	New York, NY
October 10-13, 2013	Philadelphia, PA

The Preliminary Program for the 2011 Institute on Psychiatric Services, which includes registration, housing, air travel, and program information will be available on the web at <www.psych.org/IPS> in early June.

HVCB/Linda Ching

Join us for

ECP Activities

at the upcoming

APA Annual Meeting in Honolulu, Hawaii

Early Career Psychiatrists (ECP) are general members of the APA who are within their first seven years after training (residency/fellowship). If you are an ECP attending the 2011 APA Annual Meeting, we encourage you to attend the following sessions specifically for ECPs:

What Have You Done for Me Lately: Identifying Early Career Psychiatrists' Needs and Resources Within the APA (W077)
Chair: Nioaka N. Campbell, M.D.
Monday, May 16, 2011 • 12–1:30 PM
Ala Moana Hotel, Ilima Room, Second Floor

ECP Caucus (Join other Early Career Psychiatrists for peer-to-peer networking)
Monday May 16, 2011 • 1:30 PM–2:30 PM
Ala Moana Hotel, Ilima Room, Second Floor

For a list of other 2011 Annual Meeting sessions which may be of interest to ECPs, please visit the APA website at **www.psych.org** and select Early Career Psychiatrists from the left menu bar under Inside the APA.

SOME THINGS NEVER CHANGE

BUT, SOME THINGS DO.

AMERICAN PSYCHIATRIC ASSOCIATION HAS CHANGED CARRIERS

The American Psychiatric Association after many years with the same company has changed to a new medical malpractice insurance carrier – and if you are currently enrolled in the old program, it is important that you know your renewal is not automatic. We also think you should be aware that there is only one malpractice program in the nation endorsed by the American Psychiatric Association where the coverage is extensive and the rates are low—American Professional Agency, Inc.

To remain enrolled in the only APA-endorsed program monitored by the Association, you must contact American Professional Agency, Inc to do so. If you are not currently enrolled or perhaps considering a change in malpractice insurance carriers, there is no better opportunity or time to change to American Professional Agency, Inc. than now.

So, regardless of when your renewal date is, or who your current carrier might be, we urge you to please visit us on the web at www.apamalpractice.com or call us toll free at 877-740-1777 and make a change for the better to American Professional Agency, Inc.

American Professional Agency, Inc.

www.apamalpractice.com

95 Broadway, Amityville, NY 11701 • 631-691-6400 • 877-740-1777

VISIT THE AMERICAN PROFESSIONAL AGENCY AT BOOTH #1621

SHUTTLE SERVICE
TO THE HAWAII CONVENTION CENTER

Complimentary shuttle service is provided between the Hawai`i Convention Center (HCC) and the official APA hotels as listed below. The HCC will operate as the "hub" of the APA shuttle bus system. All routes will begin and end there. Shuttle information signs will be posted in the lobby of each shuttle hotel. Check the sign in your hotel lobby for additional information and changes. If you have questions about the shuttle or if you need to make an advance reservation for a wheelchair accessible shuttle, please see a shuttle supervisor at the HCC during shuttle hours.

SHUTTLE SCHEDULE		
SATURDAY, May 14, 2011	6:00 a.m. – 3:30 p.m.*	Every 20 minutes
SUNDAY, May 15, 2011	6:00 a.m. – 9:00 a.m.	Every 10-15 minutes
	9:00 a.m.-2:30 p.m.	Every 20 minutes
	2:30 p.m.-5:30 p.m.*	Every 10-15 minutes
MONDAY, May 16, 2011	6:00 a.m. – 9:00 a.m.	Every 10-15 minutes
	9:00 a.m.-2:30 p.m.	Every 20 minutes
	2:30 p.m.-5:30 p.m.*	Every 10-15 minutes
! Monday, May 16, 2011: Industry-Supported Symposium at the Sheraton Waikiki. For shuttle service to the Symposium at the Sheraton Waikiki, please ride Route #2. Limited return service will be provided from 7:30pm-8:30pm for all hotels (including walk hotels) except Route #2 hotels which are within walking distance to the Sheraton.		
TUESDAY, May 17, 2011	6:00 a.m. – 9:00 a.m.	Every 10-15 minutes
	9:00 a.m.-2:00 p.m.	Every 20 minutes
	2:00 p.m.-5:00 p.m.*	Every 10-15 minutes
WEDNESDAY, May 18, 2011	6:00 a.m. – 9:00 a.m.	Every 10-15 minutes
	9:00 a.m.-12:30 p.m.	Every 20 minutes
	12:30 p.m.-3:30 p.m.*	Every 10-15 minutes

* This is the time that the last shuttle departs from HCC returning to hotels.
Last shuttle from hotels to HCC departs 1 hour prior to this time.

WALKING DISTANCE HOTELS, NOT ON SHUTTLE ROUTE
Ala Moana Hotel, Hawaii Prince, Ramada Plaza Waikiki, Wakiki Edition

HOTELS LISTED IN ORDER OF PICK UP		
	HOTEL	BOARDING LOCATION
ROUTE #1 BLUE	Hilton Hawaiian Village	At Tapa Tower Bus Depot
	Grand Waikikian by HGVC	At Hilton Hawaiian Village
	Hilton Grand Vacation at the Hilton Hawaiian Village	At Tapa Tower Bus Depot
Route #2 RED	Sheraton Waikiki Hotel	Tour Bus Terminal
	Royal Hawaiian Hotel	At Sheraton Waikiki Hotel
	Trump International Hotel Waikiki Beach Walk	At Sheraton Waikiki Hotel
Route #3 GREEN	Hyatt Regency Waikiki Resort & Spa	Tour Entrance on Koa St.
	Aston Pacific Monarch	At Hyatt Regency Waikiki
	Moana Surfrider, a Westin Hotel	At Hyatt Regency Waikiki
	Sheraton Princess Kaiulani	At Hyatt Regency Waikiki
Route #4 ORANGE	Marriott Waikiki	Tour Bus Depot
	Aston Waikiki Beach Hotel	At Marriott Waikiki
	Aston Waikiki Banyan	At Marriott Waikiki
	Aston Waikiki Sunset	At Marriott Waikiki
	Hilton Waikiki Prince Kuhio	At Marriott Waikiki

HTA / Chuck Painter

Innovative Careers for Healing Hands...
YOUR Healing Hands

One Employer, Endless Opportunities

Pine Rest Christian Mental Health Services has been celebrating over 100 years of innovation in behavioral health and thousands of healing moments. As one of the largest systems in the nation, the opportunities for psychiatrists are endless. Our comprehensive behavioral health care system provides a career that will blend multiple possibilities into a career that is meaningful for you with a full continuum of care for all ages.

Inpatient Services

Outpatient Services

Partial Hospitalization Services

Residential Services

Adjunct Assistant Professor Appointment
with Michigan State University's College of Human Medicine

Do your healing hands need more creativity?
Throughout **West Michigan, Northern Michigan, and Central Iowa,** creative careers for psychiatrists are available with one employer. Contact us to develop a personalized career for you.

Stephanie Mosher, Recruitment Specialist
616-281-6363 | 2947
Stephanie.Mosher@PineRest.org

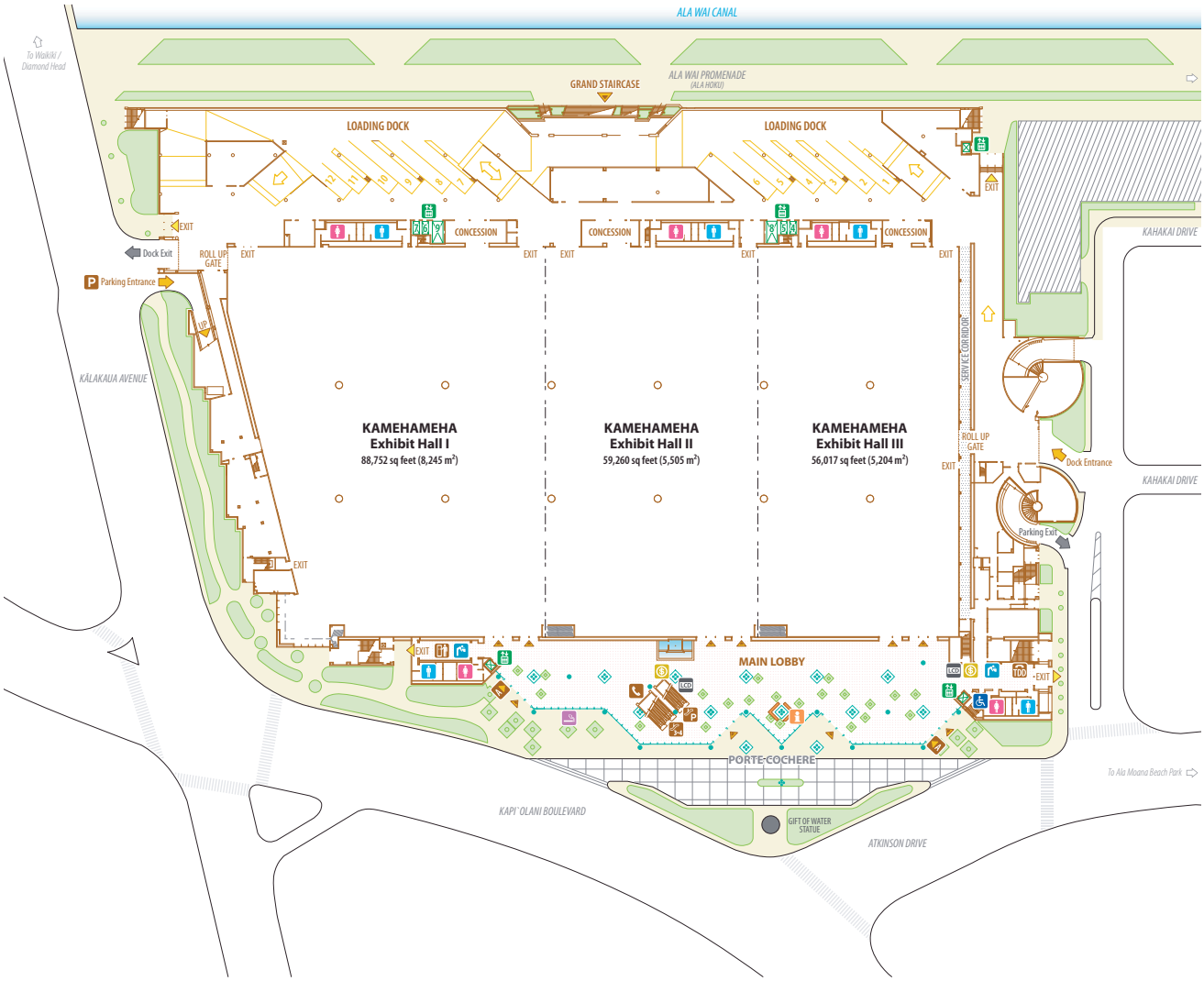
PINE REST

PineRest.org

HOTEL LOCATIONS AND CITY MAP

1 ALA MOANA HOTEL
2 ASTON AT THE WAIKĪKĪ BANYAN
3 ASTON PACIFIC MONARCH
4 ASTON WAIKĪKĪ BEACH HOTEL
5 ASTON WAIKĪKĪ SUNSET
6 GRAND WAIKIKIAN
7 HILTON HAWAIIAN VILLAGE BEACH RESORT & SPA
8 HILTON WAIKĪKĪ PRINCE KŪHIŌ
9 HYATT REGENCY WAIKĪKĪ
10 MOANA SURFRIDER, A WESTIN RESORT
11 RAMADA PLAZA WAIKĪKĪ
12 THE ROYAL HAWAIIAN
13 SHERATON PRINCESS KA'IULANI
14 SHERATON WAIKĪKĪ HOTEL
15 THE WAIKĪKĪ EDITION
16 TRUMP INTERNATIONAL HOTEL WAIKĪKĪ BEACH WALK
17 WAIKĪKĪ BEACH MARRIOTT RESORT & SPA

FIRST LEVEL

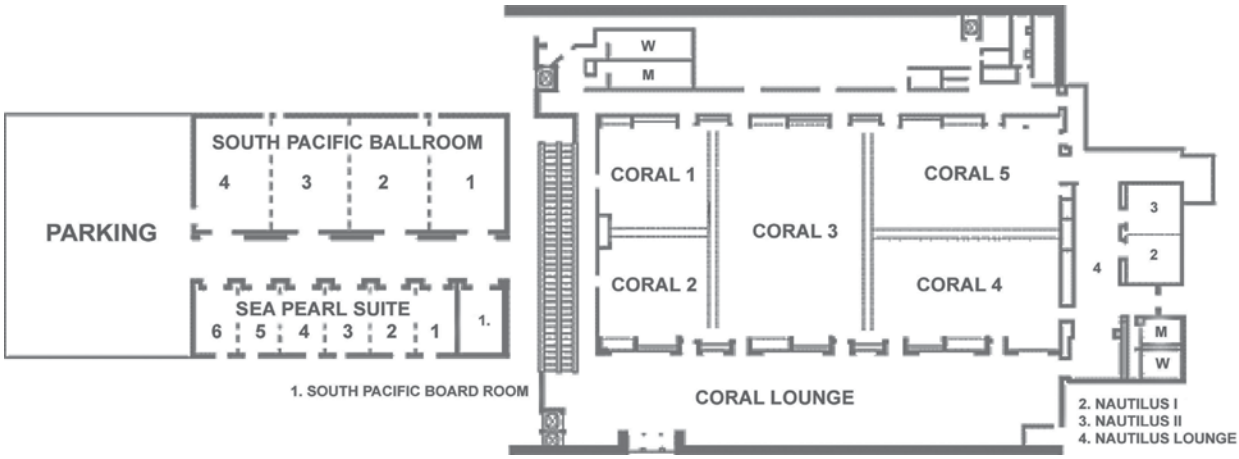


- Information desk
- Business center
- Parking pay station
- First aid
- Escalator (2nd FL Parking)
- Escalator (3rd & 4th FL)
- Elevator
- Restroom (Men)
- Restroom (Women)
- Pay phone
- TDD / Pay phone
- ATM
- Vending area
- Water fountain
- Smoking area
- LCD board
- Parking
- Entrance
- Automatic entry door
- Plants / grass area
- Service corridor

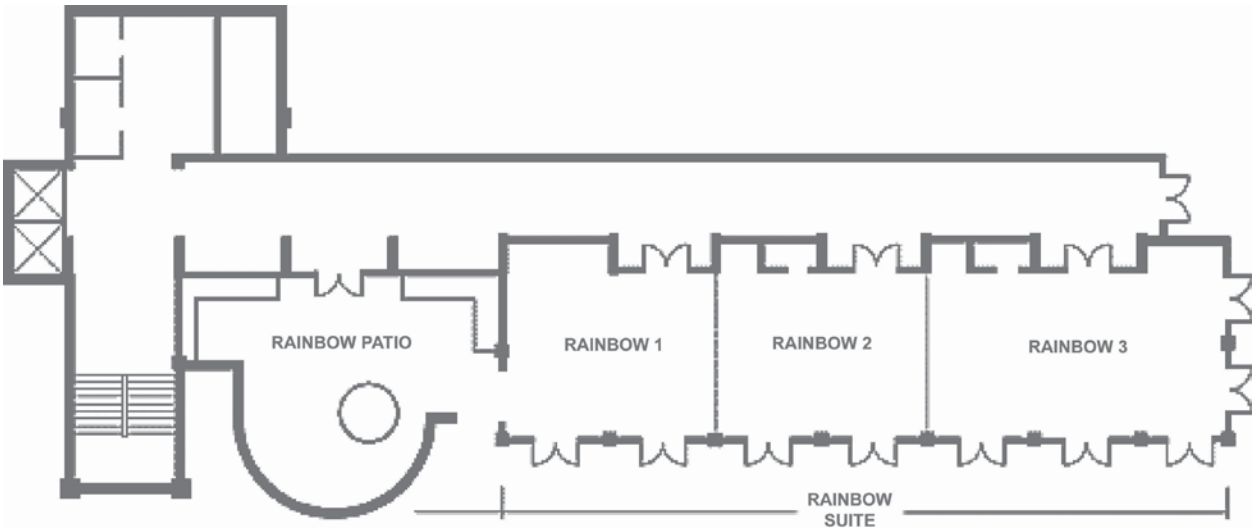
THIRD LEVEL

- Information desk
- Business center
- Parking pay station
- First aid
- Escalator (2nd FL Parking)
- Escalator (3rd & 4th FL)
- Elevator
- Restroom (Men)
- Restroom (Women)
- Pay phone
- TDD / Pay phone
- ATM
- Vending area
- Water fountain
- Smoking area
- LCD board
- Parking
- Entrance
- Automatic entry door
- Plants / grass area
- Service corridor

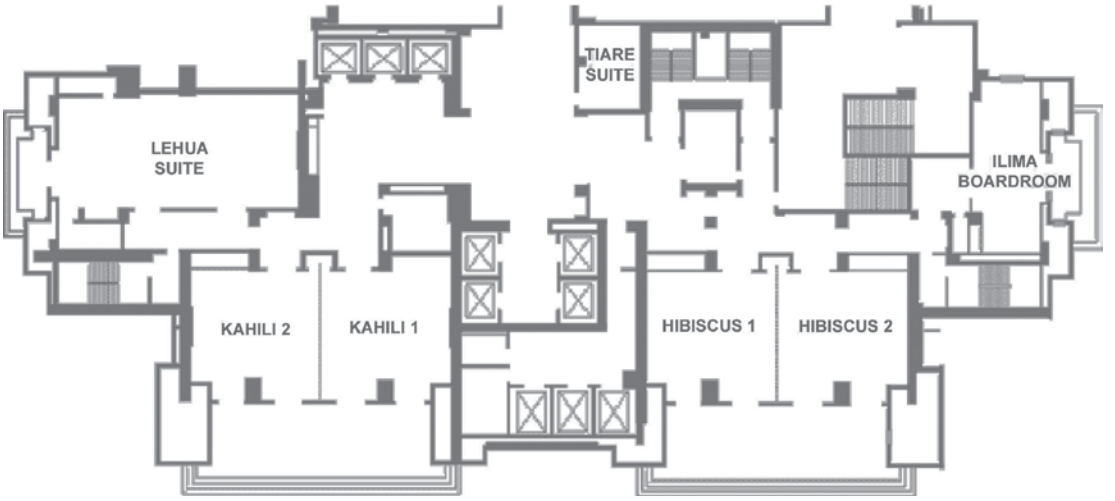
MID-PACIFIC CONFERENCE CENTER



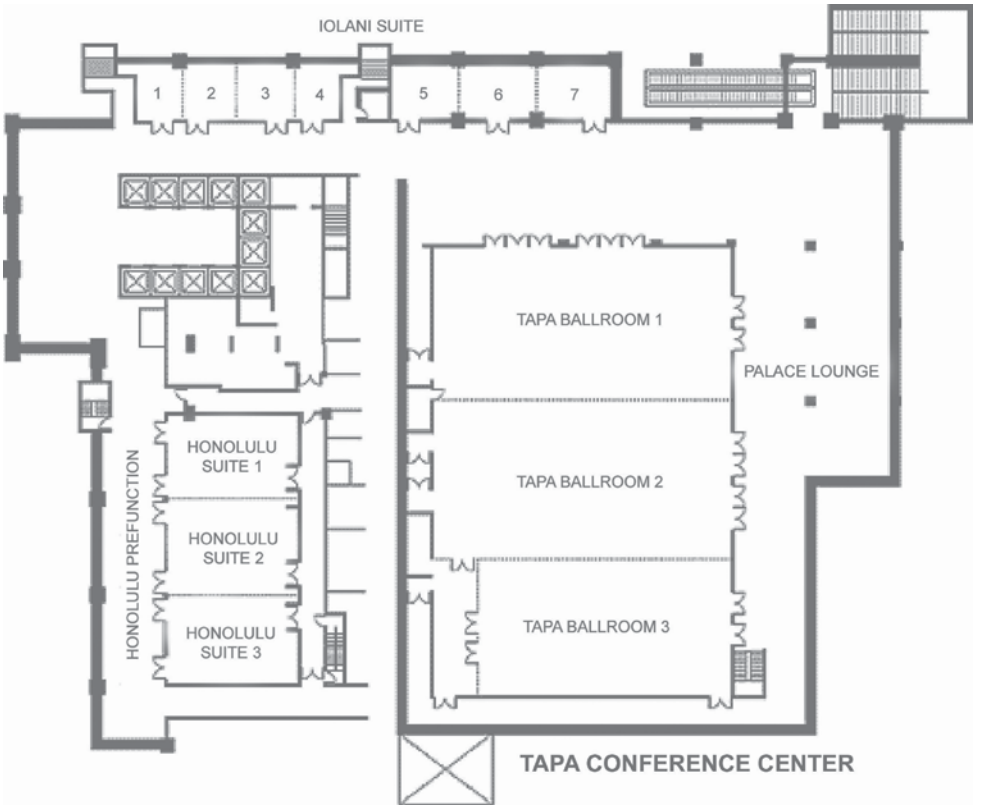
RAINBOW TOWER



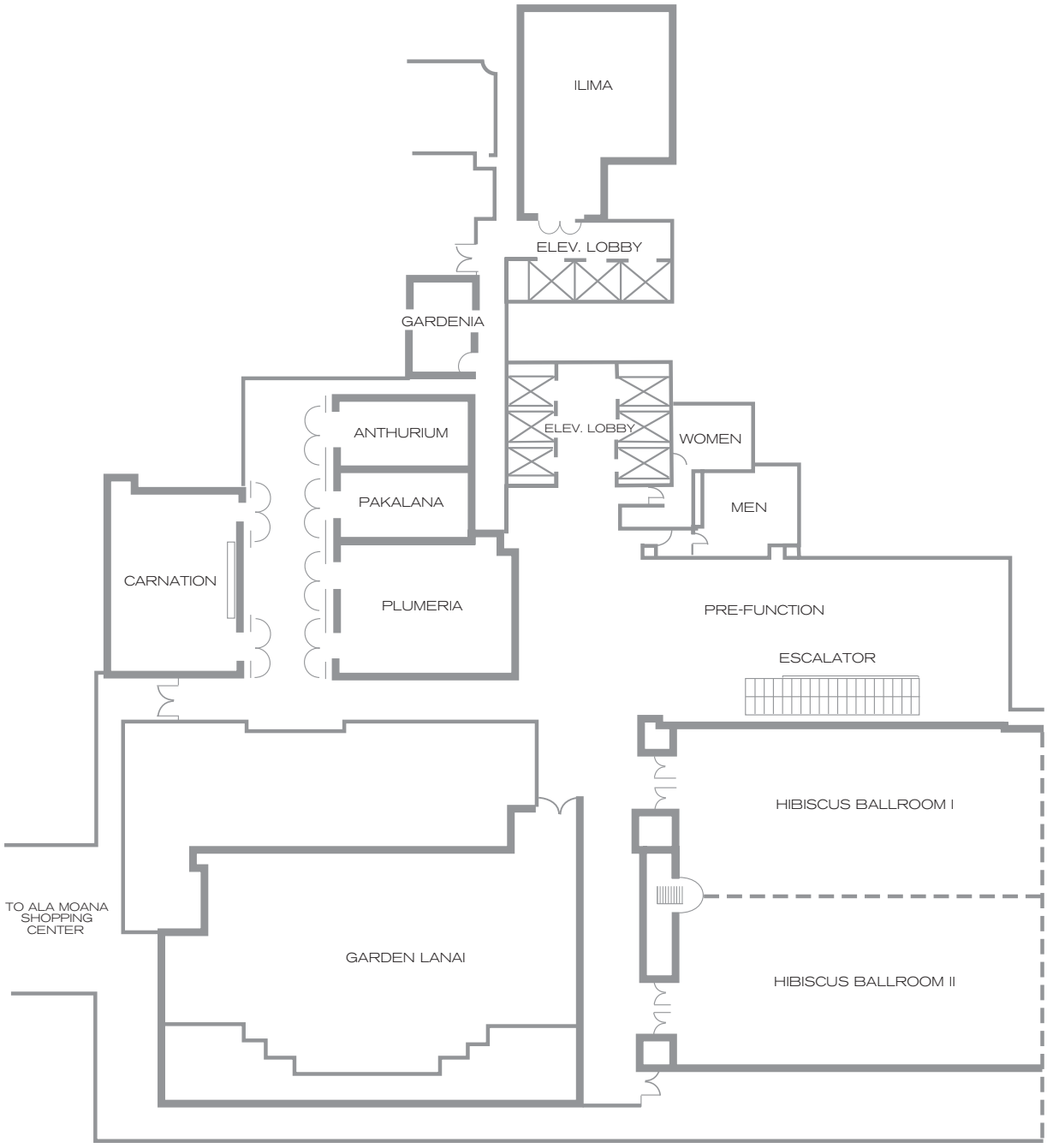
KALIA EXECUTIVE CONFERENCE CENTER



TAPA CONFERENCE CENTER



FIRST FLOOR



! For Exhibit Hall information please see **Exhibit Guide** in the back of the book.

Step into booth **508**

Saphris® (asenapine)
sublingual tablets 5 and 10 mg

Experience SAPHRIS

In bipolar disorder

- As monotherapy for acute treatment of manic or mixed episodes associated with bipolar I disorder in adults
- As adjunctive therapy with either lithium or valproate for the acute treatment of manic or mixed episodes associated with bipolar I disorder in adults

In schizophrenia

- For treatment of schizophrenia in adults

Selected Safety Information

Increased Mortality in Elderly Patients With Dementia-Related Psychosis

- **Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death**
- **Analyses of 17 placebo-controlled trials (modal duration of 10 weeks), largely in patients taking atypical antipsychotic drugs, revealed a risk of death in the drug-treated patients of between 1.6 to 1.7 times that seen in placebo-treated patients**
- **Over the course of a typical 10-week controlled trial, the rate of death in drug-treated patients was about 4.5% compared to a rate of 2.6% in the placebo group**
- **Although the causes of death were varied, most of the deaths appeared to be either cardiovascular (eg, heart failure, sudden death) or infectious (eg, pneumonia) in nature**
- **SAPHRIS is not approved for the treatment of patients with dementia-related psychosis**

Cerebrovascular Adverse Events

- In placebo-controlled trials with risperidone, aripiprazole, and olanzapine in elderly subjects with dementia, there was a higher incidence of cerebrovascular adverse reactions (cerebrovascular accidents and transient ischemic attacks) including fatalities compared to placebo-treated subjects. SAPHRIS is not approved for the treatment of patients with dementia-related psychosis

Please see additional Selected Safety Information continued on next page. Before prescribing SAPHRIS, please see accompanying Brief Summary of Prescribing Information, including the Boxed Warning. For additional copies of the Prescribing Information, call 1-800-672-6372, visit saphris.com, or contact your Merck representative.

Experience SAPHRIS

Selected Safety Information

Neuroleptic Malignant Syndrome (NMS)

- NMS, a potentially fatal symptom complex, has been reported with administration of antipsychotic drugs, including SAPHRIS
- NMS can cause hyperpyrexia, muscle rigidity, altered mental status, irregular pulse or blood pressure, tachycardia, diaphoresis, and cardiac dysrhythmia. Additional signs may include elevated creatine phosphokinase, myoglobinuria (rhabdomyolysis), and acute renal failure
- Management should include immediate discontinuation of antipsychotic drugs and other drugs not essential to concurrent therapy, intensive symptomatic treatment and medical monitoring, and treatment of any concomitant serious medical problems

Tardive Dyskinesia (TD)

- The risk of developing TD and the potential for it to become irreversible may increase as the duration of treatment and the total cumulative dose increase
- However, the syndrome can develop, although much less commonly, after relatively brief treatment periods at low doses. Prescribing should be consistent with the need to minimize TD
- If signs and symptoms appear, discontinuation should be considered

Hyperglycemia and Diabetes Mellitus

- Hyperglycemia, in some cases associated with ketoacidosis, hyperosmolar coma, or death, has been reported in patients treated with atypical antipsychotics
- Patients with risk factors for diabetes mellitus who are starting treatment with atypical antipsychotics should undergo fasting blood glucose testing at the beginning of and during treatment
- Any patient treated with atypical antipsychotics should be monitored for symptoms of hyperglycemia including polydipsia, polyuria, polyphagia, and weakness
- Patients who develop symptoms of hyperglycemia during treatment with atypical antipsychotics should also undergo fasting blood glucose testing
- In some cases, hyperglycemia has resolved when the atypical antipsychotic was discontinued; however, some patients required continuation of antidiabetic treatment despite discontinuation of the antipsychotic drug

Weight Gain

- Patients receiving SAPHRIS should receive regular monitoring of weight
- There were differences in mean weight gain between SAPHRIS-treated and placebo-treated patients in short-term schizophrenia trials (1.1 kg vs 0.1 kg) and in bipolar mania trials (1.3 kg vs 0.2 kg). In a 52-week study, the proportion of patients with a ≥7% increase in body weight was 14.7%

Orthostatic Hypotension, Syncope, and Other Hemodynamic Effects

- SAPHRIS may induce orthostatic hypotension and syncope
- SAPHRIS should be used with caution in patients with known cardiovascular disease, cerebrovascular disease, conditions which would predispose them to hypotension, and in the elderly
- SAPHRIS should be used cautiously when treating patients who receive treatment with other drugs that can induce hypotension, bradycardia, respiratory or central nervous system depression
- Monitoring of orthostatic vital signs should be considered in all such patients, and a dose reduction should be considered if hypotension occurs

Leukopenia, Neutropenia, and Agranulocytosis

- In clinical trial and postmarketing experience, events of leukopenia/neutropenia have been reported temporally related to antipsychotic agents, including SAPHRIS
- Patients with a preexisting low white blood cell count (WBC) or a history of leukopenia/neutropenia should have their complete blood count (CBC) monitored frequently during the first few months of therapy, and SAPHRIS should be discontinued at the first sign of a decline in WBC in the absence of other causative factors

QT Prolongation

- SAPHRIS was associated with increases in QTc interval ranging from 2 to 5 msec compared to placebo
- No patients treated with SAPHRIS experienced QTc increases ≥60 msec from baseline measurements, nor did any experience a QTc of ≥500 msec
- SAPHRIS should be avoided in combination with other drugs known to prolong QTc interval, in patients with congenital prolongation of QT interval or a history of cardiac arrhythmias, and in circumstances that may increase the occurrence of torsades de pointes and/or sudden death in association with the use of drugs that prolong the QTc interval

Step into booth **508**

Selected Safety Information

Hyperprolactinemia

- Like other drugs that antagonize dopamine D_2 receptors, SAPHRIS can elevate prolactin levels, and the elevation can persist during chronic administration. Galactorrhea, amenorrhea, gynecomastia, and impotence have been reported in patients receiving prolactin-elevating compounds

Seizures

- SAPHRIS should be used cautiously in patients with a history of seizures or with conditions that lower seizure threshold (eg, Alzheimer's dementia)

Potential for Cognitive and Motor Impairment

- Somnolence was reported in patients treated with SAPHRIS
- Patients should be cautioned about performing activities requiring mental alertness, such as operating hazardous machinery or operating a motor vehicle, until they are reasonably certain that SAPHRIS therapy does not affect them adversely

Body Temperature Regulation

- Appropriate care is advised when prescribing SAPHRIS for patients who will be experiencing conditions that may contribute to an elevation in core body temperature, eg, exercising strenuously, exposure to extreme heat, receiving concomitant medication with anticholinergic activity, or being subject to dehydration

Suicide

- The possibility of suicide attempt is inherent in psychotic illnesses and bipolar disorder. Close supervision of high-risk patients should accompany drug therapy
- Prescriptions for SAPHRIS should be written for the smallest quantity of tablets in order to reduce the risk of overdose

Dysphagia

- Esophageal dysmotility and aspiration have been associated with antipsychotic drug use. Aspiration pneumonia is a common cause of morbidity and mortality in elderly patients, in particular those with advanced Alzheimer's dementia
- SAPHRIS is not indicated for the treatment of dementia-related psychosis, and should not be used in patients at risk for aspiration pneumonia

Hepatic Impairment

- SAPHRIS is not recommended in patients with severe hepatic impairment

Drug Interactions

- The risks of using SAPHRIS in combination with other drugs have not been extensively evaluated. Given the primary CNS effects of SAPHRIS, caution should be used when it is taken in combination with other centrally acting drugs or alcohol
- Coadministration of SAPHRIS with strong CYP1A2 inhibitors (fluvoxamine) or compounds which are both CYP2D6 substrates and inhibitors (paroxetine) should be done with caution

Commonly Observed Adverse Reactions

(≥5% and at least twice that for placebo)

- In short-term schizophrenia trials with SAPHRIS 5 or 10 mg BID vs placebo: akathisia (6% vs 3%), oral hypoesthesia (numbing of the tongue [5% vs 1%]), and somnolence (13% vs 7%). The safety profile of SAPHRIS in the maintenance treatment of schizophrenia was similar to that seen with acute treatment
- In short-term bipolar mania (monotherapy) trials with SAPHRIS 5 or 10 mg BID vs placebo: somnolence (24% vs 6%), dizziness (11% vs 3%), extrapyramidal symptoms other than akathisia (7% vs 2%) and weight increase (5% vs less than 1%)
- In the bipolar mania (adjunctive) therapy trial with SAPHRIS 5 or 10 mg BID vs placebo at 3 weeks: somnolence (22% vs 10%) and oral hypoesthesia (5% vs 0%)

Please see additional Selected Safety Information continued from previous page. **Before prescribing SAPHRIS, please see accompanying Brief Summary of Prescribing Information, including the Boxed Warning. For additional copies of the Prescribing Information, call 1-800-672-6372, visit saphris.com, or contact your Merck representative.**

Saphris® (asenapine)
sublingual tablets 5 and 10 mg

MERCK

SAPHRIS®
(asenapine) sublingual tablets

BRIEF SUMMARY (For full Prescribing Information, see package insert.)

WARNING: INCREASED MORTALITY IN ELDERLY PATIENTS WITH DEMENTIA–RELATED PSYCHOSIS

Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. Analyses of 17 placebo-controlled trials (modal duration of 10 weeks), largely in patients taking atypical antipsychotic drugs, revealed a risk of death in the drug-treated patients of between 1.6 to 1.7 times that seen in placebo-treated patients. Over the course of a typical 10-week controlled trial, the rate of death in drug-treated patients was about 4.5%, compared to a rate of about 2.6% in the placebo group. Although the causes of death were varied, most of the deaths appeared to be either cardiovascular (e.g., heart failure, sudden death) or infectious (e.g., pneumonia) in nature. Observational studies suggest that, similar to atypical antipsychotic drugs, treatment with conventional antipsychotic drugs may increase mortality. The extent to which the findings of increased mortality in observational studies may be attributed to the antipsychotic drug as opposed to some characteristic(s) of the patients is not clear. SAPHRIS® (asenapine) is not approved for the treatment of patients with dementia-related psychosis *[see Warnings and Precautions (5.1)]*.

1 INDICATIONS AND USAGE

1.1 Schizophrenia

SAPHRIS is indicated for the treatment of schizophrenia. The efficacy of SAPHRIS was established in two 6-week trials and one maintenance trial in adults *[see Clinical Studies (14.1)]*. While there is no body of evidence available to answer the question of how long the schizophrenic patient should remain on SAPHRIS, patients should be periodically reassessed to determine the need for maintenance treatment *[see Dosage and Administration (2.2)]*.

1.2 Bipolar Disorder

Monotherapy: SAPHRIS is indicated for the acute treatment of manic or mixed episodes associated with bipolar I disorder. Efficacy was established in two 3-week monotherapy trials in adults *[see Clinical Studies (14.2)]*.

Adjunctive Therapy: SAPHRIS is indicated as adjunctive therapy with either lithium or valproate for the acute treatment of manic or mixed episodes associated with bipolar I disorder. Efficacy was established in one 3-week adjunctive trial in adults *[see Clinical Studies (14.2)]*.

If SAPHRIS is used for extended periods in bipolar disorder, the physician should periodically re-evaluate the long-term risks and benefits of the drug for the individual patient *[see Dosage and Administration (2.3)]*.

4 CONTRAINDICATIONS

None

5 WARNINGS AND PRECAUTIONS

5.1 Increased Mortality in Elderly Patients with Dementia-Related Psychosis

Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. SAPHRIS is not approved for the treatment of patients with dementia-related psychosis *[see Boxed Warning]*.

5.2 Cerebrovascular Adverse Events, Including Stroke, in Elderly Patients with Dementia-Related Psychosis

In placebo-controlled trials with risperidone, aripiprazole, and olanzapine in elderly subjects with dementia, there was a higher incidence of cerebrovascular adverse reactions (cerebrovascular accidents and transient ischemic attacks) including fatalities compared to placebo-treated subjects. SAPHRIS is not approved for the treatment of patients with dementia-related psychosis *[see also Boxed Warning and Warnings and Precautions (5.1)]*.

5.3 Neuroleptic Malignant Syndrome

A potentially fatal symptom complex sometimes referred to as Neuroleptic Malignant Syndrome (NMS) has been reported in association with administration of antipsychotic drugs, including SAPHRIS. Clinical manifestations of NMS are hyperpyrexia, muscle rigidity, altered mental status, and evidence of autonomic instability (irregular pulse or blood pressure, tachycardia, diaphoresis, and cardiac dysrhythmia). Additional signs may include elevated creatine phosphokinase, myoglobinuria (rhabdomyolysis), and acute renal failure.

The diagnostic evaluation of patients with this syndrome is complicated. It is important to exclude cases where the clinical presentation includes both serious medical illness (e.g. pneumonia, systemic infection) and untreated or inadequately treated extrapyramidal signs and symptoms (EPS). Other important considerations in the differential diagnosis include central anticholinergic toxicity, heat stroke, drug fever, and primary central nervous system pathology.

The management of NMS should include: 1) immediate discontinuation of antipsychotic drugs and other drugs not essential to concurrent therapy; 2) intensive symptomatic treatment and medical monitoring; and 3) treatment of any concomitant serious medical problems for which specific treatments are available. There is no general agreement about specific pharmacological treatment regimens for NMS.

If a patient requires antipsychotic drug treatment after recovery from NMS, the potential reintroduction of drug therapy should be carefully considered. The patient should be carefully monitored, since recurrences of NMS have been reported.

5.4 Tardive Dyskinesia

A syndrome of potentially irreversible, involuntary, dyskinetic movements can develop in patients treated with antipsychotic drugs. Although the prevalence of the syndrome appears to be highest among the elderly, especially elderly women, it is impossible to rely upon prevalence estimates to predict, at the inception of antipsychotic treatment, which patients are likely to develop the syndrome. Whether antipsychotic drug products differ in their potential to cause Tardive Dyskinesia (TD) is unknown.

The risk of developing TD and the likelihood that it will become irreversible are believed to increase as the duration of treatment and the total cumulative dose of antipsychotic drugs administered to the patient increase. However, the syndrome can develop, although much less commonly, after relatively brief treatment periods at low doses.

There is no known treatment for established cases of TD, although the syndrome may remit, partially or completely, if antipsychotic treatment is withdrawn. Antipsychotic treatment, itself, however, may suppress (or partially suppress) the signs and symptoms of the syndrome and thereby may possibly mask the underlying process. The effect that symptomatic suppression has upon the long-term course of the syndrome is unknown.

Given these considerations, SAPHRIS should be prescribed in a manner that is most likely to minimize the occurrence of TD. Chronic antipsychotic treatment should generally be reserved for patients who suffer from a chronic illness that (1) is known to respond to antipsychotic drugs, and (2) for whom alternative, equally effective, but potentially less harmful treatments are not available or appropriate. In patients who do require chronic treatment, the smallest dose and the shortest duration of treatment producing a satisfactory clinical response should be sought. The need for continued treatment should be reassessed periodically.

If signs and symptoms of TD appear in a patient on SAPHRIS, drug discontinuation should be considered. However, some patients may require treatment with SAPHRIS despite the presence of the syndrome.

5.5 Hyperglycemia and Diabetes Mellitus

Hyperglycemia, in some cases extreme and associated with ketoacidosis or hyperosmolar coma or death, has been reported in patients treated with atypical antipsychotics. Assessment of the relationship between atypical antipsychotic use and glucose abnormalities is complicated by the possibility of an increased background risk of diabetes mellitus in patients with schizophrenia and the increasing incidence of diabetes mellitus in the general population. Given these confounders, the relationship between atypical antipsychotic use and hyperglycemia-related adverse reactions is not completely understood. However, epidemiological studies suggest an increased risk of treatment-emergent hyperglycemia-related adverse events in patients treated with the atypical antipsychotics included in these studies. Because SAPHRIS was not marketed at the time these studies were performed, it is not known if SAPHRIS is associated with this increased risk. Precise risk estimates for hyperglycemia-related adverse events in patients treated with atypical antipsychotics are not available.

Patients with an established diagnosis of diabetes mellitus who are started on atypical antipsychotics should be monitored regularly for worsening of glucose control. Patients with risk factors for diabetes mellitus (e.g., obesity, family history of diabetes) who are starting treatment with atypical antipsychotics should undergo fasting blood glucose testing at the beginning of treatment and periodically during treatment. Any patient treated with atypical antipsychotics should be monitored for symptoms of hyperglycemia including polydipsia, polyuria, polyphagia, and weakness. Patients who develop symptoms of hyperglycemia during treatment with atypical antipsychotics should undergo fasting blood glucose testing. In some cases, hyperglycemia has resolved when the atypical antipsychotic was discontinued; however, some patients required continuation of anti-diabetic treatment despite discontinuation of the antipsychotic drug.

5.6 Weight Gain

Increases in weight have been observed in premarketing clinical trials with SAPHRIS. Patients receiving SAPHRIS should receive regular monitoring of weight *[see Patient Counseling Information (17.5)]*.

In short-term schizophrenia and bipolar mania trials, there were differences in mean weight gain between SAPHRIS-treated and placebo-treated patients. In short-term, placebo-controlled schizophrenia trials, the mean weight gain was 1.1 kg for SAPHRIS-treated patients compared to 0.1 kg for placebo-treated patients. The proportion of patients with a ≥7% increase in body weight (at Endpoint) was 4.9% for SAPHRIS-treated patients versus 2% for placebo-treated patients. In short-term, placebo-controlled bipolar mania trials, the mean weight gain for SAPHRIS-treated patients was 1.3 kg compared to 0.2 kg for placebo-treated patients. The proportion of patients with a ≥7% increase in body weight (at Endpoint) was 5.8% for SAPHRIS-treated patients versus 0.5% for placebo-treated patients.

In a 52-week, double-blind, comparator-controlled trial of patients with schizophrenia or schizoaffective disorder, the mean weight gain from baseline was 0.9 kg. The proportion of patients with a ≥7% increase in body weight (at Endpoint) was 14.7%. **Table 1** provides the mean weight change from baseline and the proportion of patients with a weight gain of ≥7% categorized by Body Mass Index (BMI) at baseline:

TABLE 1: Weight Change Results Categorized by BMI at Baseline: Comparator-Controlled 52-Week Study in Schizophrenia

	BMI < 23 SAPHRIS N=295	BMI 23 - ≤ 27 SAPHRIS N=290	BMI > 27 SAPHRIS N=302
Mean change from Baseline (kg)	1.7	1	0
% with ≥ 7% increase in body weight	22%	13%	9%

5.7 Orthostatic Hypotension, Syncope, and Other Hemodynamic Effects

SAPHRIS may induce orthostatic hypotension and syncope in some patients, especially early in treatment, because of its α1-adrenergic antagonist activity. In short-term schizophrenia trials, syncope was reported in 0.2% (1/572) of patients treated with therapeutic doses (5 mg or 10 mg twice daily) of SAPHRIS, compared to 0.3% (1/378) of patients treated with placebo. In short-term bipolar mania trials, syncope was reported in 0.3% (1/379) of patients treated with therapeutic doses (5 mg or 10 mg twice daily) of SAPHRIS, compared to 0% (0/203) of patients treated with placebo. During premarketing clinical trials with SAPHRIS, including long-term trials without comparison to placebo, syncope was reported in 0.6% (11/1953) of patients treated with SAPHRIS.

Four normal volunteers in clinical pharmacology studies treated with either intravenous, oral, or sublingual SAPHRIS experienced hypotension, bradycardia, and sinus pauses. These spontaneously resolved in 3 cases, but the fourth subject received external cardiac massage. The risk of this sequence of hypotension, bradycardia, and sinus pause might be greater in nonpsychiatric patients compared to psychiatric patients who are possibly more adapted to certain effects of psychotropic drugs.

Patients should be instructed about nonpharmacologic interventions that help to reduce the occurrence of orthostatic hypotension (e.g., sitting on the edge of the bed for several minutes before attempting to stand in the morning and slowly rising from a seated position). SAPHRIS should be used with caution in (1) patients with known cardiovascular disease (history of myocardial infarction or ischemic heart disease, heart failure or conduction abnormalities), cerebrovascular disease, or conditions which would predispose patients to hypotension (dehydration, hypovolemia, and treatment with antihypertensive medications); and (2) in the elderly. SAPHRIS should be used cautiously when treating patients who receive treatment with other drugs that can induce hypotension, bradycardia, respiratory or central nervous system depression *[see Drug Interactions (7)]*. Monitoring of orthostatic vital signs should be considered in all such patients, and a dose reduction should be considered if hypotension occurs.

5.8 Leukopenia, Neutropenia, and Agranulocytosis

In clinical trial and postmarketing experience, events of leukopenia/neutropenia have been reported temporally related to antipsychotic agents, including SAPHRIS. Agranulocytosis (including fatal cases) has been reported with other agents in the class.

Possible risk factors for leukopenia/neutropenia include pre-existing low white blood cell count (WBC) and history of drug induced leukopenia/neutropenia. Patients with a pre-existing low WBC or a history of drug induced leukopenia/neutropenia should have their complete blood count (CBC) monitored frequently during the first few months of therapy and SAPHRIS should be discontinued at the first sign of decline in WBC in the absence of other causative factors.

Patients with neutropenia should be carefully monitored for fever or other symptoms or signs of infection and treated promptly if such symptoms or signs occur. Patients with severe neutropenia (absolute neutrophil count $<1000/mm^3$) should discontinue SAPHRIS and have their WBC followed until recovery.

5.9 QT Prolongation

The effects of SAPHRIS on the QT/QTc interval were evaluated in a dedicated QT study. This trial involved SAPHRIS doses of 5 mg, 10 mg, 15 mg, and 20 mg twice daily, and placebo, and was conducted in 151 clinically stable patients with schizophrenia, with electrocardiographic assessments throughout the dosing interval at baseline and steady state. At these doses, SAPHRIS was associated with increases in QTc interval ranging from 2 to 5 msec compared to placebo. No patients treated with SAPHRIS experienced QTc increases ≥60 msec from baseline measurements, nor did any patient experience a QTc of ≥500 msec.

Electrocardiogram (ECG) measurements were taken at various time points during the SAPHRIS clinical trial program (5 mg or 10 mg twice daily doses). Post-baseline QT prolongations exceeding 500 msec were reported at comparable rates for SAPHRIS and placebo in these short-term trials. There were no reports of torsade de pointes or any other adverse reactions associated with delayed ventricular repolarization.

The use of SAPHRIS should be avoided in combination with other drugs known to prolong QTc including Class 1A antiarrhythmics (e.g., quinidine, procainamide) or Class 3 antiarrhythmics (e.g., amiodarone, sotalol), antipsychotic medications (e.g., ziprasidone, chlorpromazine, thioridazine), and antibiotics (e.g., gatifloxacin, moxifloxacin). SAPHRIS should also be avoided in patients with a history of cardiac arrhythmias and in other circumstances that may increase the risk of the occurrence of torsade de pointes and/or sudden death in association with the use of drugs that prolong the QTc interval, including bradycardia; hypokalemia or hypomagnesemia; and presence of congenital prolongation of the QT interval.

5.10 Hyperprolactinemia

Like other drugs that antagonize dopamine D_2 receptors, SAPHRIS can elevate prolactin levels, and the elevation can persist during chronic administration. Hyperprolactinemia may suppress hypothalamic GnRH, resulting in reduced pituitary gonadotropin secretion. This, in turn, may inhibit reproductive function by impairing gonadal steroidogenesis in both female and male patients. Galactorrhea, amenorrhea, gynecomastia, and impotence have been reported in patients receiving prolactin-elevating compounds. Long-standing hyperprolactinemia when associated with hypogonadism may lead to decreased bone density in both female and male subjects. In SAPHRIS clinical trials, the incidences of adverse events related to abnormal prolactin levels were 0.4% versus 0% for placebo *[see Adverse Reactions (6.2)]*.

Tissue culture experiments indicate that approximately one-third of human breast cancers are prolactin-dependent *in vitro,* a factor of potential importance if the prescription of these drugs is considered in a patient with previously-detected breast cancer. Neither clinical studies nor epidemiologic studies conducted to date have shown an association between chronic administration of this class of drugs and tumorigenesis in humans, but the available evidence is too limited to be conclusive.

5.11 Seizures

Seizures were reported in 0% and 0.3% (0/572, 1/379) of patients treated with doses of 5 mg and 10 mg twice daily of SAPHRIS, respectively, compared to 0% (0/503, 0/203) of patients treated with placebo in short-term schizophrenia and bipolar mania trials, respectively. During premarketing clinical trials with SAPHRIS, including long-term trials without comparison to placebo, seizures were reported in 0.3% (5/1953) of patients treated with SAPHRIS. As with other antipsychotic drugs, SAPHRIS should be used with caution in patients with a history of seizures or with conditions that potentially lower the seizure threshold, e.g., Alzheimer's dementia. Conditions that lower the seizure threshold may be more prevalent in patients 65 years or older.

5.12 Potential for Cognitive and Motor Impairment

Somnolence was reported in patients treated with SAPHRIS. It was usually transient with the highest incidence reported during the first week of treatment. In short-term, fixed-dose, placebo-controlled schizophrenia trials, somnolence was reported in 15% (41/274) of patients on SAPHRIS 5 mg twice daily and in 13% (26/208) of patients on SAPHRIS 10 mg twice daily compared to 7% (26/378) of placebo patients. In short-term, placebo-controlled bipolar mania trials of therapeutic doses (5-10 mg twice daily), somnolence was reported in 24% (90/379) of patients on SAPHRIS compared to 6% (13/203) of placebo patients. During premarketing clinical trials with SAPHRIS, including long-term trials without comparison to placebo, somnolence was reported in 18% (358/1953) of patients treated with SAPHRIS. Somnolence (including sedation) led to discontinuation in 0.6% (12/1953) of patients in short-term, placebo-controlled trials.

Patients should be cautioned about performing activities requiring mental alertness, such as operating hazardous machinery or operating a motor vehicle, until they are reasonably certain that SAPHRIS therapy does not affect them adversely.

5.13 Body Temperature Regulation

Disruption of the body's ability to reduce core body temperature has been attributed to antipsychotic agents. In the short-term placebo-controlled trials for both schizophrenia and acute bipolar disorder, the incidence of adverse reactions suggestive of body temperature increases was low (≤1%) and comparable to placebo. During premarketing clinical trials with SAPHRIS, including long-term trials without comparison to placebo, the incidence of adverse reactions suggestive of body temperature increases (pyrexia and feeling hot) was ≤1%. Appropriate care is advised when prescribing SAPHRIS for patients who will be experiencing conditions that may contribute to an elevation in core body temperature, e.g., exercising strenuously, exposure to extreme heat, receiving concomitant medication with anticholinergic activity, or being subject to dehydration.

5.14 Suicide

The possibility of a suicide attempt is inherent in psychotic illnesses and bipolar disorder, and close supervision of high-risk patients should accompany drug therapy. Prescriptions for SAPHRIS should be written for the smallest quantity of tablets consistent with good patient management in order to reduce the risk of overdose.

5.15 Dysphagia

Esophageal dysmotility and aspiration have been associated with antipsychotic drug use. Dysphagia was reported in 0.2% and 0% (1/572, 0/379) of patients treated with therapeutic doses (5-10 mg twice daily) of SAPHRIS as compared to 0% (0/378, 0/203) of patients treated with placebo in short-term schizophrenia and bipolar mania trials, respectively. During premarketing clinical trials with SAPHRIS, including long-term trials without comparison to placebo, dysphagia was reported in 0.1% (2/1953) of patients treated with SAPHRIS.

Aspiration pneumonia is a common cause of morbidity and mortality in elderly patients, in particular those with advanced Alzheimer's dementia. SAPHRIS is not indicated for the treatment of dementia-related psychosis, and should not be used in patients at risk for aspiration pneumonia *[see also Warnings and Precautions (5.1)]*.

5.16 Use in Patients with Concomitant Illness

Clinical experience with SAPHRIS in patients with certain concomitant systemic illnesses is limited *[see Clinical Pharmacology (12.3)]*.

SAPHRIS has not been evaluated in patients with a recent history of myocardial infarction or unstable heart disease. Patients with these diagnoses were excluded from premarketing clinical trials. Because of the risk of orthostatic hypotension with SAPHRIS, caution should be observed in cardiac patients *[see Warnings and Precautions (5.6)]*.

6 ADVERSE REACTIONS

The most common adverse reactions (≥5% and at least twice the rate of placebo) reported with acute treatment in schizophrenia were akathisia, oral hypoesthesia, and somnolence. The safety profile of SAPHRIS in the maintenance treatment of schizophrenia was similar to that seen with acute treatment.

The most common adverse reactions (≥5% and at least twice the rate of placebo) reported with acute monotherapy treatment of manic or mixed episodes associated with bipolar I disorder were somnolence, dizziness, extrapyramidal symptoms other than akathisia, and weight increased. During the adjunctive therapy trial in bipolar disorder, these adverse reactions were somnolence and oral hypoesthesia.

The information below is derived from a clinical trial database for SAPHRIS consisting of over 4565 patients and/or normal subjects exposed to one or more sublingual doses of SAPHRIS. A total of 1314 SAPHRIS-treated patients were treated for at least 24 weeks and 785 SAPHRIS-treated patients had at least 52 weeks of exposure of therapeutic doses.

The stated frequencies of adverse reactions represent the proportion of individuals who experienced a treatment-emergent adverse event of the type listed. A reaction was considered treatment emergent if it occurred for the first time or worsened while receiving therapy following baseline evaluation. The figures in the tables and tabulations cannot be used to predict the incidence of side effects in the course of usual medical practice where patient characteristics and other factors differ from those that prevailed in the clinical trials. Similarly, the cited frequencies cannot be compared with figures obtained from other clinical investigations involving different treatment, uses, and investigators. The cited figures, however, do provide the prescriber with some basis for estimating the relative contribution of drug and nondrug factors to the adverse reaction incidence in the population studied.

6.2 Clinical Studies Experience

Adult Patients with Schizophrenia: The following findings are based on the short-term placebo-controlled premarketing trials for schizophrenia (a pool of three 6-week fixed-dose trials and one 6-week flexible-dose trial) in which sublingual SAPHRIS was administered in doses ranging from 5 to 10 mg twice daily.

Adverse Reactions Associated with Discontinuation of Treatment: A total of 9% of SAPHRIS-treated subjects and 10% of placebo subjects discontinued due to adverse reactions. There were no drug-related adverse reactions associated with discontinuation in subjects treated with SAPHRIS at the rate of at least 1% and at least twice the placebo rate.

Adverse Reactions Occurring at an Incidence of 2% or More in SAPHRIS-Treated Schizophrenic Patients: Adverse reactions associated with the use of SAPHRIS (incidence of 2% or greater, rounded to the nearest percent, and SAPHRIS incidence greater than placebo) that occurred during acute therapy (up to 6-weeks in patients with schizophrenia) are shown in **Table 2**.

TABLE 2: Adverse Reactions Reported in 2% or More of Subjects in one of the SAPHRIS Dose Groups and Which Occurred at Greater Incidence Than in the Placebo group in 6-Week Schizophrenia Trials

System Organ Class/ Preferred Term	Placebo N=378	SAPHRIS 5 mg twice daily N=274	SAPHRIS 10 mg twice daily N=208	All SAPHRIS§ 5 or 10 mg twice daily N=572
Gastrointestinal disorders				
Constipation	6%	7%	4%	5%
Dry Mouth	1%	3%	1%	2%
Oral hypoesthesia	1%	6%	7%	5%
Salivary hypersecretion	0%	<1%	4%	2%
Stomach discomfort	1%	<1%	3%	2%
Vomiting	5%	4%	7%	5%
General disorders				
Fatigue	3%	4%	3%	3%
Irritability	<1%	2%	1%	2%
Investigations				
Weight increased	<1%	2%	2%	3%
Metabolism disorders				
Increased appetite	<1%	3%	0%	2%
Nervous system disorders				
Akathisia*	3%	4%	11%	6%
Dizziness	4%	7%	3%	5%
Extrapyramidal symptoms (excluding akathisia)†	7%	9%	12%	10%
Somnolence‡	7%	15%	13%	13%
Psychiatric disorders				
Insomnia	13%	16%	15%	15%
Vascular disorders				
Hypertension	2%	2%	3%	2%

* Akathisia includes: akathisia and hyperkinesia.
† Extrapyramidal symptoms included dystonia, oculogyration, dyskinesia, tardive dyskinesia, muscle rigidity, parkinsonism, tremor, and extrapyramidal disorder (excluding akathisia).
‡ Somnolence includes the following events: somnolence, sedation, and hypersomnia.
§ Also includes the Flexible-dose trial (N=90).

Dose-Related Adverse Reactions: Of all the adverse reactions listed in **Table 2**, the only apparent dose-related adverse reaction was akathisia.

Monotherapy in Adult Patients with Bipolar Mania: The following findings are based on the short-term placebo-controlled trials for bipolar mania (a pool of two 3-week flexible-dose trials) in which sublingual SAPHRIS was administered in doses of 5 mg or 10 mg twice daily.

Adverse Reactions Associated with Discontinuation of Treatment: Approximately 10% (38/379) of SAPHRIS-treated patients in short-term, placebo-controlled trials discontinued treatment due to an adverse reaction, compared with about 6% (12/203) on placebo. The most common adverse reactions associated with discontinuation in subjects treated with SAPHRIS (rates at least 1% and at least twice the placebo rate) were anxiety (1.1%) and oral hypoesthesia (1.1%) compared to placebo (0%).

Adverse Reactions Occurring at an Incidence of 2% or More Among SAPHRIS-Treated Bipolar Patients: Adverse reactions associated with the use of SAPHRIS (incidence of 2% or greater, rounded to the nearest percent, and SAPHRIS incidence greater than placebo) that occurred during acute monotherapy (up to 3 weeks in patients with bipolar mania) are shown in **Table 3**.

TABLE 3: Adverse Reactions Reported in 2% or More of Subjects in one of the SAPHRIS Dose Groups and Which Occurred at Greater Incidence Than in the Placebo Group in 3-Week Bipolar Mania Trials

System Organ Class/ Preferred Term	Placebo N=203	SAPHRIS 5 or 10 mg twice daily* N=379
Gastrointestinal disorders		
Dry mouth	1%	3%
Dyspepsia	2%	4%
Oral hypoesthesia	<1%	4%
Toothache	2%	3%
General disorders		
Fatigue	2%	4%
Investigations		
Weight increased	<1%	5%
Metabolism disorders		
Increased appetite	1%	4%
Musculoskeletal and connective tissue disorders		
Arthralgia	1%	3%
Pain in extremity	<1%	2%
Nervous system disorders		
Akathisia	2%	4%
Dizziness	3%	11%
Dysgeusia	<1%	3%
Headache	11%	12%
Other extrapyramidal symptoms (excluding akathisia)†	2%	7%
Somnolence‡	6%	24%
Psychiatric disorders		
Anxiety	2%	4%
Depression	1%	2%
Insomnia	5%	6%

* SAPHRIS 5 to 10 mg twice daily with flexible dosing.
† Extrapyramidal symptoms included: dystonia, blepharospasm, torticollis, dyskinesia, tardive dyskinesia, muscle rigidity, parkinsonism, gait disturbance, masked facies, and tremor (excluding akathisia).
‡ Somnolence includes the following events: somnolence, sedation, and hypersomnia.

Adjunctive Therapy in Adult Patients with Bipolar Mania: The following findings are based on a 12 week placebo-controlled trial (with a 3 week efficacy endpoint) in adult patients with bipolar mania in which sublingual SAPHRIS was administered in doses of 5 mg or 10 mg twice daily as adjunctive therapy with lithium or valproate.

Adverse Reactions Associated with Discontinuation of Treatment: Approximately 16% (25/158) of SAPHRIS-treated patients discontinued treatment due to an adverse reaction, compared with about 11% (18/166) on placebo. The most common adverse reactions associated with discontinuation in subjects treated with SAPHRIS (rates at least 1% and at least twice the placebo rate) were depression (2.5%), suicidal ideation (2.5%), bipolar I disorder (1.9%), insomnia (1.9%) and depressive symptoms (1.3%).

Adverse Reactions Occurring at an Incidence of 2% or More Among SAPHRIS-Treated (Adjunctive) Bipolar Patients: Adverse reactions associated with the use of SAPHRIS (incidence of 2% or greater, rounded to the nearest percent, and SAPHRIS incidence greater than placebo) that occurred during acute adjunctive therapy at 3 weeks, a time when most of the patients were still participating in the trial, are shown in **Table 4**.

TABLE 4: Adverse Reactions Reported in 2% or More Among SAPHRIS-Treated (Adjunctive) Bipolar Mania Patients and Which Occurred at Greater Incidence Than in the Placebo Group at 3 Weeks

System Organ Class/ Preferred Term	Placebo (N=166)	SAPHRIS 5 or 10 mg twice daily* (N=158)
Gastrointestinal disorders		
Dyspepsia	2%	3%
Oral hypoesthesia	0%	5%
General disorders		
Fatigue	2%	4%
Edema peripheral	<1%	3%
Investigations		
Weight increased	0%	3%
Nervous system disorders		
Dizziness	2%	4%
Other extrapyramidal symptoms (excluding akathisia)†	5%	6%
Somnolence‡	10%	22%
Psychiatric disorders		
Insomnia	8%	10%
Vascular disorders		
Hypertension	<1%	3%

* SAPHRIS 5 to 10 mg twice daily with flexible dosing.
† Extrapyramidal symptoms included: dystonia, parkinsonism, oculogyration, and tremor (excluding akathisia).
‡ Somnolence includes the following events: somnolence and sedation.

Dystonia: *Antipsychotic Class Effect:* Symptoms of dystonia, prolonged abnormal contractions of muscle groups, may occur in susceptible individuals during the first few days of treatment. Dystonic symptoms include: spasm of the neck muscles, sometimes progressing to tightness of the throat, swallowing difficulty, difficulty breathing, and/or protrusion of the tongue. While these symptoms can occur at low doses, they occur more frequently and with greater severity with high potency and at higher doses of first generation antipsychotic drugs. An elevated risk of acute dystonia is observed in males and younger age groups.

Extrapyramidal Symptoms: In the short-term, placebo-controlled schizophrenia and bipolar mania trials, data was objectively collected on the Simpson Angus Rating Scale for extrapyramidal symptoms (EPS), the Barnes Akathisia Scale (for akathisia) and the Assessments of Involuntary Movement Scales (for dyskinesias). The mean change from baseline for the all-SAPHRIS 5 mg or 10 mg twice daily treated group was comparable to placebo in each of the rating scale scores.

In the short-term, placebo-controlled schizophrenia trials, the incidence of reported EPS-related events, excluding events related to akathisia, for SAPHRIS-treated patients was 10% versus 7% for placebo; and the incidence of akathisia-related events for SAPHRIS-treated patients was 6% versus 3% for placebo. In short-term placebo-controlled bipolar mania trials, the incidence of EPS-related events, excluding events related to akathisia, for SAPHRIS-treated patients was 7% versus 2% for placebo; and the incidence of akathisia-related events for SAPHRIS-treated patients was 4% versus 2% for placebo.

Laboratory Test Abnormalities: *Glucose:* The effects on fasting serum glucose levels in the short-term schizophrenia and bipolar mania trials revealed no clinically relevant mean changes *[see also Warnings and Precautions (5.5)]*. In the short-term placebo-controlled schizophrenia trials, the mean increase in fasting glucose levels for SAPHRIS-treated patients was 3.2 mg/dL compared to a decrease of 1.6 mg/dL for placebo-treated patients. The proportion of patients with fasting glucose elevations ≥126 mg/dL (at Endpoint), was 7.4% for SAPHRIS-treated patients versus 6% for placebo-treated patients. In the short-term, placebo-controlled bipolar mania trials, the mean decreases in fasting glucose levels for both SAPHRIS-treated and placebo-treated patients were 0.6 mg/dL. The proportion of patients with fasting glucose elevations ≥126 mg/dL (at Endpoint), was 4.9% for SAPHRIS-treated patients versus 2.2% for placebo-treated patients.

In a 52-week, double-blind, comparator-controlled trial of patients with schizophrenia and schizoaffective disorder, the mean increase from baseline of fasting glucose was 2.4 mg/dL.

Lipids: The effects on total cholesterol and fasting triglycerides in the short-term schizophrenia and bipolar mania trials revealed no clinically relevant mean changes. In short-term, placebo-controlled schizophrenia trials, the mean increase in total cholesterol levels for SAPHRIS-treated patients was 0.4 mg/dL compared to a decrease of 3.6 mg/dL for placebo-treated patients. The proportion of patients with total cholesterol elevations ≥240 mg/dL (at Endpoint) was 8.3% for SAPHRIS-treated patients versus 7% for placebo-treated patients. In short-term, placebo-controlled bipolar mania trials, the mean increase in total cholesterol levels for SAPHRIS-treated patients was 1.1 mg/dL compared to a decrease of 1.5 mg/dL in placebo-treated patients. The proportion of patients with total cholesterol elevations ≥240 mg/dL (at Endpoint) was 8.7% for SAPHRIS-treated patients versus 8.6% for placebo-treated patients. In short-term, placebo-controlled schizophrenia trials, the mean increase in triglyceride levels for SAPHRIS-treated patients was 3.8 mg/dL compared to a decrease of 13.5 mg/dL for placebo-treated patients. The proportion of patients with elevations in triglycerides ≥200 mg/dL (at Endpoint) was 13.2% for SAPHRIS-treated patients versus 10.5% for placebo-treated patients. In short-term, placebo-controlled bipolar mania trials, the mean decrease in triglyceride levels for SAPHRIS-treated patients was 3.5 mg/dL versus 17.9 mg/dL for placebo-treated subjects. The proportion of patients with elevations in triglycerides ≥200 mg/dL (at Endpoint) was 15.2% for SAPHRIS-treated patients versus 11.4% for placebo-treated patients.

In a 52-week, double-blind, comparator-controlled trial of patients with schizophrenia and schizoaffective disorder, the mean decrease from baseline of total cholesterol was 6 mg/dL and the mean decrease from baseline of fasting triglycerides was 9.8 mg/dL.

Transaminases: Transient elevations in serum transaminases (primarily ALT) in the short-term schizophrenia and bipolar mania trials were more common in treated patients but mean changes were not clinically relevant. In short-term, placebo-controlled schizophrenia trials, the mean increase in transaminase levels for SAPHRIS-treated patients was 1.6 units/L compared to a decrease of 0.4 units/L for placebo-treated patients. The proportion of patients with transaminase elevations ≥3 times ULN (at Endpoint) was 0.9% for SAPHRIS-treated patients versus 1.3% for placebo-treated patients. In short-term, placebo-controlled bipolar mania trials, the mean increase in transaminase levels for SAPHRIS-treated patients was 8.9 units/L compared to a decrease of 4.9 units/L in placebo-treated patients. The proportion of patients with transaminase elevations ≥3 times upper limit of normal (ULN) (at Endpoint) was 2.5% for SAPHRIS-treated patients versus 0.6% for placebo-treated patients. No cases of more severe liver injury were seen.

In a 52-week, double-blind, comparator-controlled trial of patients with schizophrenia and schizoaffective disorder, the mean increase from baseline of ALT was 1.7 units/L.

Prolactin: The effects on prolactin levels in the short-term schizophrenia and bipolar mania trials revealed no clinically relevant mean changes in baseline. In short-term, placebo-controlled schizophrenia trials, the mean decreases in prolactin levels were 6.5 ng/mL for SAPHRIS-treated patients compared to 10.7 ng/mL for placebo-treated patients. The proportion of patients with prolactin elevations ≥4 times ULN (at Endpoint) were 2.6% for SAPHRIS-treated patients versus 0.6% for placebo-treated patients. In short-term, placebo-controlled bipolar mania trials, the mean increase in prolactin levels was 4.9 ng/mL for SAPHRIS-treated patients compared to a decrease of 0.2 ng/mL for placebo-treated patients. The proportion of patients with prolactin elevations ≥4 times ULN (at Endpoint) were 2.3% for SAPHRIS-treated patients versus 0.7% for placebo-treated patients.

In a long-term (52-week), double-blind, comparator-controlled trial of patients with schizophrenia and schizoaffective disorder, the mean decrease in prolactin from baseline for SAPHRIS-treated patients was 26.9 ng/mL.

Creatine Kinase (CK): The proportion of patients with CK elevations >3 times ULN at any time were 6.4% and 11.1% for patients treated with SAPHRIS 5 mg bid and 10 mg bid, respectively, as compared to 6.7% for placebo-treated patients in short-term, fixed-dose trials in schizophrenia and bipolar mania. The clinical relevance of this finding is unknown.

Other Adverse Reactions Observed During the Premarketing Evaluation of SAPHRIS: Following is a list of MedDRA terms that reflect adverse reactions reported by patients treated with sublingual SAPHRIS at multiple doses of ≥5 mg twice daily during any phase of a trial within the database of adult patients. The reactions listed are those that could be of clinical importance, as well as reactions that are plausibly drug-related on pharmacologic or other grounds. Reactions already listed in other parts of *Adverse Reactions (6)*, or those considered in *Warnings and Precautions (5)* or *Overdosage (10)* are not included. Although the reactions reported occurred during treatment with SAPHRIS, they were not necessarily caused by it. Reactions are further categorized by MedDRA system organ class and listed in order of decreasing frequency according to the following definitions: those occurring in at least 1/100 patients (only those not already listed in the tabulated results from placebo-controlled trials appear in this listing); those occurring in 1/100 to 1/1000 patients; and those occurring in fewer than 1/1000 patients.

Blood and lymphatic disorders: <1/1000 patients: thrombocytopenia;
≥1/1000 patients and *<1/100 patients:* anemia
Cardiac disorders: ≥1/1000 patients and *<1/100 patients:* tachycardia, temporary bundle branch block
Eye disorders: ≥1/1000 patients and *<1/100 patients:* accommodation disorder
Gastrointestinal disorders: ≥1/1000 patients and *<1/100 patients:* oral paraesthesia, glossodynia, swollen tongue
General disorders: <1/1000 patients: idiosyncratic drug reaction
Investigations: ≥1/1000 patients and *<1/100 patients:* hyponatremia
Nervous system disorders: ≥1/1000 patients and *<1/100 patients:* dysarthria

6.3 Postmarketing Experience

Adverse reactions have been identified during postapproval use of SAPHRIS. Because these reactions are reported voluntarily from a population of uncertain size, it is generally not possible to reliably estimate their frequency or establish a causal relationship to drug exposure.

There have been postmarketing reports of serious hypersensitivity reactions in patients treated with SAPHRIS, including swollen tongue and swollen throat (pharyngeal edema). The local anesthetic properties of asenapine should be considered as a possible alternative etiology for the oropharyngeal symptoms.

7 DRUG INTERACTIONS

The risks of using SAPHRIS in combination with other drugs have not been extensively evaluated. Given the primary CNS effects of SAPHRIS, caution should be used when it is taken in combination with other centrally-acting drugs or alcohol.

Because of its α1-adrenergic antagonism with potential for inducing hypotension, SAPHRIS may enhance the effects of certain antihypertensive agents.

7.1 Potential for Other Drugs to Affect SAPHRIS

Asenapine is cleared primarily through direct glucuronidation by UGT1A4 and oxidative metabolism by cytochrome P450 isoenzymes (predominantly CYP1A2). The potential effects of inhibitors of several of these enzyme pathways on asenapine clearance were studied.

TABLE 5: Summary of Effect of Coadministered Drugs on Exposure to Asenapine in Healthy Volunteers

Coadministered drug (Postulated effect on CYP450/UGT)	Dose schedules		Effect on asenapine pharmacokinetics		Recommendation
	Coadministered drug	Asenapine	C_{max}	$AUC_{0-\infty}$	
Fluvoxamine (CYP1A2 inhibitor)	25 mg twice daily for 8 days	5 mg Single Dose	+13%	+29%	Coadminister with caution*
Paroxetine (CYP2D6 inhibitor)	20 mg once daily for 9 day	5 mg Single Dose	-13%	-9%	No SAPHRIS dose adjustment required *[see Drug Interactions (7.2)]*
Imipramine (CYP1A2/2C19/3A4 inhibitor)	75 mg Single Dose	5 mg Single Dose	+17%	+10%	No SAPHRIS dose adjustment required
Cimetidine (CYP3A4/2D6/1A2 inhibitor)	800 mg twice daily for 8 days	5 mg Single Dose	-13%	+1%	No SAPHRIS dose adjustment required
Carbamazepine (CYP3A4 inducer)	400 mg twice daily for 15 days	5 mg Single Dose	-16%	-16%	No SAPHRIS dose adjustment required
Valproate (UGT1A4 inhibitor)	500 mg twice daily for 9 days	5 mg Single Dose	2%	-1%	No SAPHRIS dose adjustment required

* The full therapeutic dose of fluvoxamine would be expected to cause a greater increase in asenapine plasma concentrations. AUC: Area under the curve.

A population pharmacokinetic analysis indicated that the concomitant administration of lithium had no effect on the pharmacokinetics of asenapine.

7.2 Potential for SAPHRIS to Affect Other Drugs

Coadministration with CYP2D6 Substrates: *In vitro* studies indicate that asenapine weakly inhibits CYP2D6.

Following coadministration of dextromethorphan and SAPHRIS in healthy subjects, the ratio of dextrorphan/dextromethorphan (DX/DM) as a marker of CYP2D6 activity was measured. Indicative of CYP2D6 inhibition, treatment with SAPHRIS 5 mg twice daily decreased the DX/DM ratio to 0.43. In the same study, treatment with paroxetine 20 mg daily decreased the DX/DM ratio to 0.032. In a separate study, coadministration of a single 75-mg dose of imipramine with a single 5-mg dose of SAPHRIS did not affect the plasma concentrations of the metabolite desipramine (a CYP2D6 substrate). Thus, *in vivo*, SAPHRIS appears to be at most a weak inhibitor of CYP2D6. Coadministration of a single 20-mg dose of paroxetine (a CYP2D6 substrate and inhibitor) during treatment with 5 mg SAPHRIS twice daily in 15 healthy male subjects resulted in an almost 2-fold increase in paroxetine exposure. Asenapine may enhance the inhibitory effects of paroxetine on its own metabolism.

SAPHRIS should be coadministered cautiously with drugs that are both substrates and inhibitors for CYP2D6.

Valproic acid and lithium pre-dose serum concentrations collected from an adjunctive therapy study were comparable between asenapine-treated patients and placebo-treated patients indicating a lack of effect of asenapine on valproic and lithium plasma levels.

8 USE IN SPECIFIC POPULATIONS

8.1 Pregnancy

Pregnancy Category C: There are no adequate and well-controlled studies of SAPHRIS in pregnant women. In animal studies, asenapine increased post-implantation loss and decreased pup weight and survival at doses similar to or less than recommended clinical doses. In these studies there was no increase in the incidence of structural abnormalities caused by asenapine. SAPHRIS should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Asenapine was not teratogenic in reproduction studies in rats and rabbits at intravenous doses up to 1.5 mg/kg in rats and 0.44 mg/kg in rabbits. These doses are 0.7 and 0.4 times, respectively, the maximum recommended human dose (MRHD) of 10 mg twice daily given sublingually on a mg/m^2 basis. Plasma levels of asenapine were measured in the rabbit study, and the area under the curve (AUC) at the highest dose tested was 2 times that in humans receiving the MRHD.

In a study in which rats were treated from day 6 of gestation through day 21 postpartum with intravenous doses of asenapine of 0.3, 0.9, and 1.5 mg/kg/day (0.15, 0.4, and 0.7 times the MRHD of 10 mg twice daily given sublingually on a mg/m^2 basis), increases in post-implantation loss and early pup deaths were seen at all doses, and decreases in subsequent pup survival and weight gain were seen at the two higher doses. A cross-fostering study indicated that the decreases in pup survival were largely due to prenatal drug effects. Increases in post-implantation loss and decreases in pup weight and survival were also seen when pregnant rats were dosed orally with asenapine.

Non-teratogenic Effects

Neonates exposed to antipsychotic drugs during the third trimester of pregnancy are at risk for extrapyramidal and/or withdrawal symptoms following delivery. There have been reports of agitation, hypertonia, hypotonia, tremor, somnolence, respiratory distress and feeding disorder in these neonates. These complications have varied in severity; while in some cases symptoms have been self-limited, in other cases neonates have required intensive care unit support and prolonged hospitalization. SAPHRIS (asenapine) should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

8.2 Labor and Delivery

The effect of SAPHRIS on labor and delivery in humans is unknown.

8.3 Nursing Mothers

Asenapine is excreted in milk of rats during lactation. It is not known whether asenapine or its metabolites are excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when SAPHRIS is administered to a nursing woman. It is recommended that women receiving SAPHRIS should not breast feed.

8.4 Pediatric Use

Safety and effectiveness in pediatric patients have not been established.

8.5 Geriatric Use

Clinical studies of SAPHRIS in the treatment of schizophrenia and bipolar mania did not include sufficient numbers of patients aged 65 and over to determine whether or not they respond differently than younger patients. Of the approximately 2250 patients in premarketing clinical studies of SAPHRIS, 1.1% (25) were 65 years of age or over. Multiple factors that might increase the pharmacodynamic response to SAPHRIS, causing poorer tolerance or orthostasis, could be present in elderly patients, and these patients should be monitored carefully.

Elderly patients with dementia-related psychosis treated with SAPHRIS are at an increased risk of death compared to placebo. SAPHRIS is not approved for the treatment of patients with dementia-related psychosis *[see Boxed Warning]*.

8.6 Renal Impairment

The exposure of asenapine following a single dose of 5 mg was similar among subjects with varying degrees of renal impairment and subjects with normal renal function *[see Clinical Pharmacology (12.3)]*.

8.7 Hepatic Impairment

In subjects with severe hepatic impairment who were treated with a single dose of SAPHRIS 5 mg, asenapine exposures (on average), were 7-fold higher than the exposures observed in subjects with normal hepatic function. Thus, SAPHRIS is not recommended in patients with severe hepatic impairment (Child-Pugh C) *[see Dosage and Administration (2.4) and Clinical Pharmacology (12.3)]*.

10 OVERDOSAGE

Human Experience: In premarketing clinical studies involving more than 3350 patients and/or healthy subjects, accidental or intentional acute overdosage of SAPHRIS was identified in 3 patients. Among these few reported cases of overdose, the highest estimated ingestion of SAPHRIS was 400 mg. Reported adverse reactions at the highest dosage included agitation and confusion.

Management of Overdosage: There is no specific antidote to SAPHRIS. The possibility of multiple drug involvement should be considered. An electrocardiogram should be obtained and management of overdose should concentrate on supportive therapy, maintaining an adequate airway, oxygenation and ventilation, and management of symptoms.

Hypotension and circulatory collapse should be treated with appropriate measures, such as intravenous fluids and/or sympathomimetic agents (epinephrine and dopamine should not be used, since beta stimulation may worsen hypotension in the setting of SAPHRIS-induced alpha blockade). In case of severe extrapyramidal symptoms, anticholinergic medication should be administered. Close medical supervision and monitoring should continue until the patient recovers.

Manufactured by: Catalent UK Swindon Zydis Ltd., Blagrove, Swindon, Wiltshire, SN5 8RU, UK
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U.S. Patent Nos. 5,763,476 and 7,741,358.

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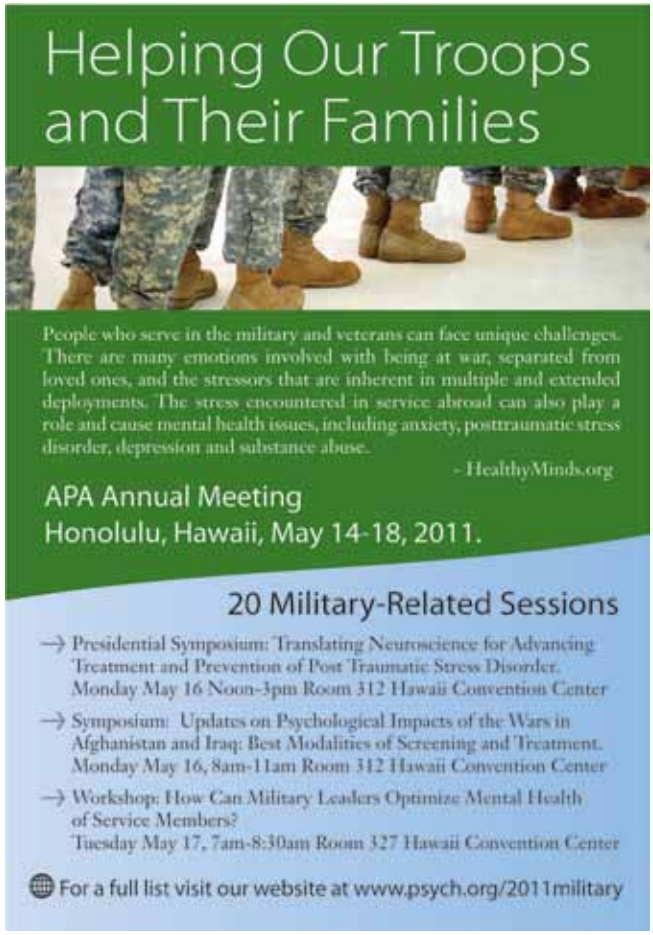

EVENTS FOR RESIDENTS

The APA planned daily events for residents so they can meet & share information.

Saturday, May 14

Resident Poster Competition Session #1
10:00am - 11:30am
Hawaii Convention Center, Exhibit Hall, Lvl 1

"How to Survive the Annual Meeting"
Orientation *Chair: Kayla Pope, MD*
12noon to 1:30pm
Ala Moana Hotel, Garden Lanai, 2nd Floor

Resident Poster Competition Session #2
1:00pm - 3:00pm (Reception follows)
Hawaii Convention Center, Exhibit Hall, Lvl 1

Sunday, May 15

How to Navigate the APA
Chair: Steve Koh, MD
7:00am to 8:30am
Ala Moana Hotel, Ilima Room, 2nd Floor

Monday, May 16

Meet the Experts: Sunny Side Up Breakfast
Chair: Joyce Spurgeon, MD
7:00am to 8:30am
Ala Moana Hotel, Hibiscus I, 2nd Floor

Tuesday, May 17

How to Submit & Present a Workshop
Chair: Sarah Johnson, MD
7:00am to 8:30am
Ala Moana Hotel, Ilima Room, 2nd Floor

Join us for

ECP Activities

at the **APA Annual Meeting** in Honolulu, Hawaii

Early Career Psychiatrists (ECP) are general members of the APA who are within their first seven years after training (residency/fellowship). If you are an ECP attending the 2011 APA Annual Meeting, we invite you to attend these sessions for ECPs:

What Have You Done for Me Lately: Identifying Early Career Psychiatrists' Needs and Resources Within the APA (W077)

Chair: Nioaka N. Campbell, M.D.
Monday, May 16, 2011 • 12–1:30 PM
Ala Moana Hotel, Ilima Room, Second Floor

ECP Caucus (Join other Early Career Psychiatrists for peer-to-peer networking)

Monday May 16, 2011 • 1:30 PM–2:30 PM
Ala Moana Hotel, Ilima Room, Second Floor

For a list of other 2011 Annual Meeting sessions which may be of interest to ECPs, please visit the APA website at **www.psych.org** and select Early Career Psychiatrists from the left menu bar under Inside the APA.

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Mauritius Psychiatric Association
Dr. Parmanun Jagaunath

Mexican Psychiatric Association (Asociación Psiquiátrica Mexicana A.C.)
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Mexican Society of Neurology and Psychiatry
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Association of Psychiatrists in Nigeria
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Portuguese Society of Psychiatry and Mental Health
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SPECIAL ACKNOWLEDGEMENTS

American Academy of Psychiatry and the Law: co-support of the Manfred S. Guttmacher Award Lecture.

American Association of Chairs of Departments of Psychiatry: support of the APA/AACDP Research Mentorship Award.

American Association of Psychiatric Administrators: co-support of the Administrative Psychiatry Award Lecture

American Psychiatric Association/Hurricane Disaster Relief Fund: support of the Disaster Psychiatry Fellowship.

American Psychiatric Foundation: support of the APIRE Practice Research Network.

Association of Gay and Lesbian Psychiatrists: co-support of the Fryer Award.

Association of Professional Chaplains: partial support of the Oskar Pfister Award Lecture

Association of Women Psychiatrists: support of the joint AWP/APA Women's Caucus meeting, and co-support of the Alexandra Symonds Award Lecture

AstraZeneca Pharmaceuticals, LP: support of the APA Diversity Leadership Minority Fellowship, minority fellows poster session and reception, the American Psychiatric Foundation "Conversations" event, and the APA/AstraZeneca Young Minds in Psychiatry Award; Mind Games resident competition.

Bristol-Myers Squibb Company: support of the President's Dessert and Reception; the Solomon Carter Fuller Award; and the APA Fellowship on Public Psychiatry.

Center for Mental Health Services: support of the APA's HIV-related education programs and materials.

Concordant Rater Systems: support of the APA/ Clinical Trials Psychiatric Research Fellowship

Estate of Agnes Purcell McGavin: support of the Agnes Purcell McGavin Awards for Distinguished Career Achievement in Child and Adolescent Psychiatry, and for Prevention.

Estate of Dorothy C. Kempf: support of APA/ Kempf Fund Award for Research Development in Psychobiological Psychiatry Awards.

Estate of Judd Marmor, M.D.: support of the Judd Marmor Award Lecture.

Estate of Kun-Po Soo, M.D.: support of the Kun-Po Soo Award.

Forest Laboratories, Inc.: partial support of the American Psychiatric Foundation's Annual Benefit.

Harding Foundation: partial support of the Oskar Pfister Award Lecture.

Ittleson Foundation: support of the Blanche F. Ittleson Award for Research in Child Psychiatry.

Lilly USA LLC: support of the APA/Lilly Psychiatric Research Fellowship; and the APA/Lilly Resident Research Awards., Chief Resident Leadership Program, International Dinner Symposium, and partial support of the American Psychiatric Foundation's Annual Benefit.

Merck & Co., Inc.: support of the Internet Café, resident poster session, APA/Merck Early Academic Career Research Award, and partial support of the APF Annual Benefit.

National Institute of Mental Health (NIMH): co-support of the APA/NIMH Vestermark Psychiatry Educator Award Lecture, and the Research Colloquium for Junior Investigators.

Ortho-McNeil-Janssen Pharma Inc: partial support of the American Psychiatric Foundation Annual Benefit; the support of the Committee of Asian-American student recruitment reception.

Pfizer, Inc: support of the APA/Pfizer M.D., Ph.D. Research Fellowship, and the Jeanne Spurlock Congressional Fellowship.

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Sunovion Pharmaceuticals Inc.: support of a Symposium.

Tekada Pharmaceuticals North America, Inc.: partial support of the APF Annual Benefit.

University of Nebraska: support of the Frank J. Menolascino Award for Psychiatric Services for persons with Mental Retardation/Developmental Disabilities.

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Psychiatrist and Medical Director
SF-CARE, Inc.
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Mercy Behavioral Health
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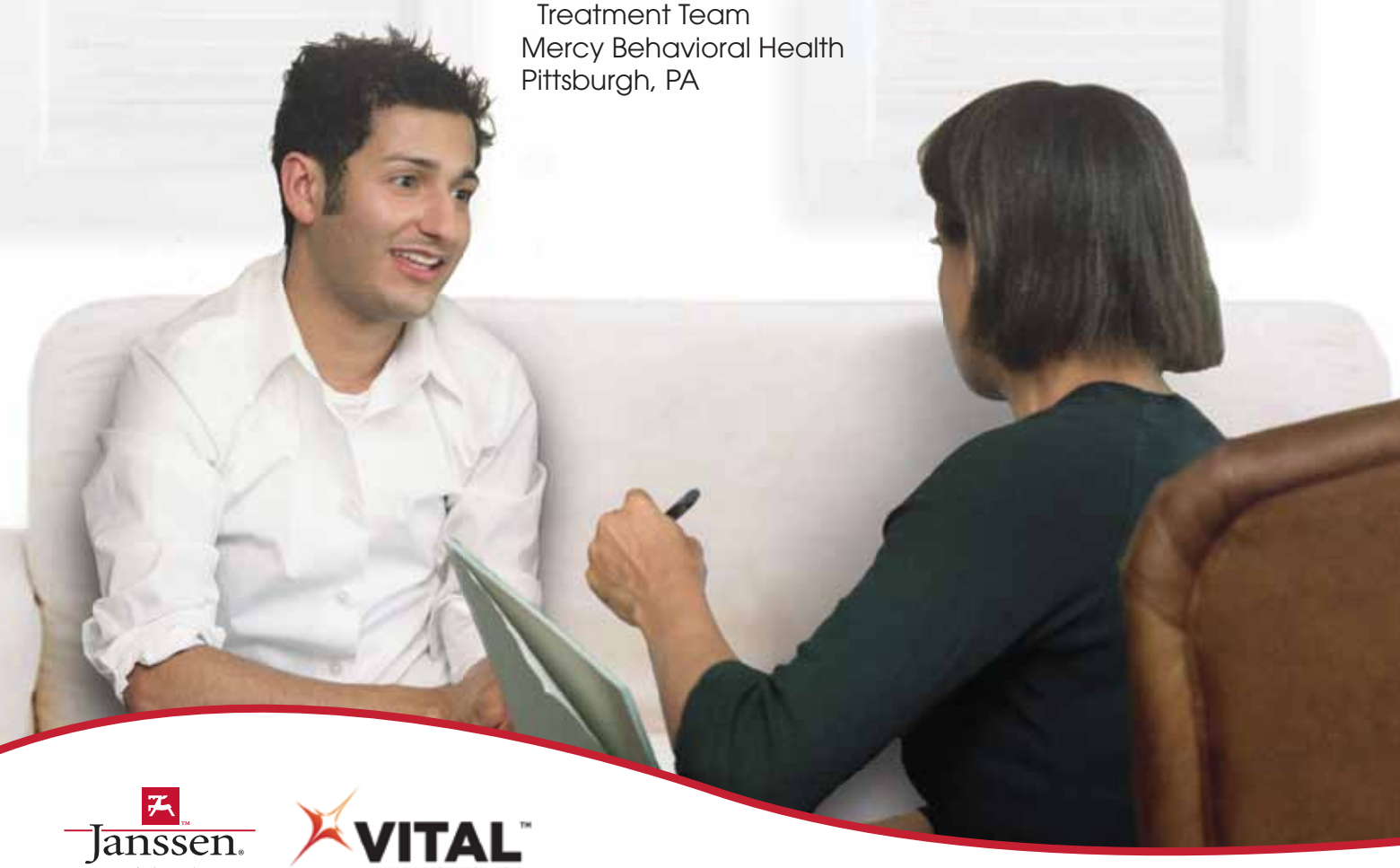

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The American Psychiatric Association and the American Academy of Psychiatry and the Law invites nominations for the Isaac Ray Award for 2012. This Award honors Dr. Isaac Ray, one of the original founders and the fourth President of the American Psychiatric Association, and is presented to a person who has made outstanding contributions to forensic psychiatry or to the psychiatric aspects of jurisprudence. The Award, which will be presented at the Convocation of Fellows at the Annual Meeting of the American Psychiatric Association in Philadelphia, PA, in May 2012, includes an honorarium of $l,500. The recipient obligates him or herself to deliver a lecture or series of lectures on these subjects and to present the manuscript for publication.

Nominations are requested as follows: (1) a primary nominating letter (sent with the consent of the candidate), which includes a curriculum vitae and specific details regarding the candidate's qualifications for the Award, and (2) a supplemental letter from a second nominator in support of the candidate. Additional letters related to any particular candidate will not be accepted or reviewed by the Award Committee. Nominators should not submit letters on behalf of more than one candidate. The deadline for receipt of nominations is **July 1, 2011**. Nominations will be kept in the pool of applicants for two years. Nominations, as outlined above, should be submitted to:

Renee L. Binder, M.D., Chairperson, c/o Lori Klinedinst, Staff Liaison, Isaac Ray Award Committee, American Psychiatric Association, 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209, E-mail: advocacy@psych.org

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Hours:
Saturday, May 14
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Sunday, May 15
8:00 am - 3:00 pm

Monday, May 16
8:00 am - 3:00 pm

Tuesday, May 17
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DISCLOSURE INDEX

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HTA / Ron Gamett

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Abreu, Lena					AZ	Lundbeck travel support in 2009, Pfizer Brazilian Psychiatric Congress inscription support in 2010
Agid, Ofer		Pfizer, Lilly				
Alphs, Larry D.	Johnson & Johnson			Ortho-McNeil Janssen		
Amiel, Jonathan						APIRE/Janssen Research Scholar, APA/BMS Fellow
Anderson, Candace				Cephalon		
Andreasen, Nancy C			Janssen-Cilag			
Appelbaum, Paul S	COVR					
Arakaki, Richard F			Lilly, GSK, Novartis, Sanofi Aventis		Lilly	
Ascher-Svanum, Haya	Lilly			Lilly		
Azorin, Jean Michel					Lilly, BMS, Janssen Cilag, Lundbeck, Sanofi Aventis, Servier, Pfizer, Novartis	
Babcock, Thomas F	Shire			Shire		
Bahn, Sabine	Psynova Neurotech, Rules Based Medicine	Roche, Pfizer, Psynova Neurotech, Rules Based Medicine	Lilly			
Baldwin, David S		Lilly, Lundbeck, Pfizer	Lundbeck			Lilly speaking engagement, Lundbeck speaking engagement, Pfizer speaking engagement, Servier speaking engagement
Ball, Susan G				Lilly		
Barber, Jacques P			NIMH			Guilford Publications Author
Baron, David A		California Academy of Family Physicians (CAFP)				Lilly International visiting professor support
Berger, Ariel			Pfizer			
Bickel, Warren K		Reckitt Benckiser	NIDA			
Bilder, Deborah		BioMarin	BioMarin			
Bisaga, Adam			Alkermes			
Black, Donald W.			AZ			
Bostrom, Samantha			Addrenex		Lilly	Shionogi, Advisory Board
Bowden, Charles		BMS, Sanofi Aventis, Schering, Pfizer	NIMH, Abbott, GSK, Repligen, Janssen Research Fndn.			
Bowen, Rich				Shionogi		
Brams, Mathew		Lilly, Novartis, McNeil, Shire	AZ, BMS, Forest, GSK R&D, McNeil, Shire, Novartis, Sanofi Aventis, Lilly		Lilly, Shire, Novartis, Pfizer, McNeil, AZ, Cephalon	
Brooks, John					AZ, Lilly, Pfizer, Schering	
Brown, Thomas E.		Novartis, Lilly, Shire	Lilly, Shire		Lilly	APPI, royalties
Buckley, Peter F		NIMH, NIH	Sepracor, NIMH, Janssen, Pfizer			
Budman, Cathy			Otsuka			

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Bukstein, Oscar G		McNeil, Novartis, Shire	McNeil, Novartis, Shire		Shire, Novartis, McNeil	
Busner, Joan				United BioSource		
Calabrese, Joseph R		Abbott, AZ, BMS, Cephalon, Dainippon Sumitomo, EPI-Q, Forest, France Foundation, GSK, Janssen, Johnson & Johnson, Lundbeck, Ortho McNeil, Otsuka, Pfizer, Repligen, Servier, Solvay, Supernus, Synosia, Takeda, Wyeth-Ayerst	DoD, NIMH, Abbott, AZ, BMS, Cephalon, Lilly, GSK, Janssen, NARSAD, Repligen, Stanley Fndn., Takeda, Wyeth-Ayerst, Schering-Plough			CME Lecturer: Janssen, Johnson & Johnson, Merck, Sanofi Aventis, Sanofi Aventis, Schering-Plough, Pfizer, Solvay, Wyeth-Ayerst, AZ, BMS, France Fndn., GSK
Carlson, Gabrielle			GSK			
Carlton, Rashad			Cephalon	Xcenda		
Carpenter, Linda L		Neuronetics, Wyeth-Ayerst	DoD, NIMH, Medtronic, Cyberonics, Neuronetics, NARSAD, Sepracor, UCB		Neuronetics	
Carter, Cameron S		Merck, Lilly, Lilly, Pfizer, Servier				
Carter, Diana			AZ Canada, Lundbeck Canada			
Casey, David A					Pfizer, Eisai	
Casher, Michael I					AZ, Pfizer	
Castilla-Puentes, Ruby C	GSK			Johnson & Johnson		
Cazorla, Pilar				Merck		
Chaimowitz, Gary A		Pfizer Canada			Lilly, AZ Canada, JanssenCanada	
Chang, Kiki		BMS, Lilly, GSK	GSK		Merck	
Childress, Ann C		NextWave, Shire, Novartis	Janssen, Sepracor, Lilly, Shire, Novartis, BMS, Somerset, Abbott, Ortho-McNeil Janssen, Johnson & Johnson		GSK, Shire, Novartis, BMS	
Chrones, Lambros				Takeda		
Chung, Henry		Takeda				
Citrome, Leslie		Janssenm, Merck, Novartis, Pfizer, Lilly, Sunovion	AZ, Pfizer, Sunovion		AZ, Lilly, Merck, Novartis, Pfizer, Sunovion	
Classi, Peter				Lilly		
Clayton, Anita H		New England Research Institute, Boehringer Ingelheim, BMS, Lilly, Sanofi Aventis, Takeda, Fabre-Kramer Phar, Pfizer, PGxHealth, Lundbeck	Biosante, Boehringer Ingelheim, Pfizer, Repligen		Boehringer Ingelheim	Ballantine, book royalty
Coffey, Barbara J			Shire, Otsuka, Tourette Syndrome Assn., Boehringer Ingelheim, BMS, NIMH, Novartis		Tourette Syndrome Assn.	
Cohen, Lawrence J		BMS, Lilly, Pfizer				

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Constant, Eric E					BMS, AZ, Lundbeck, Lilly	
Coplan, Jeremy D.		Pfizer	Alexza, GSK, Pfizer		BMS, AZ, GSK	
Cutler, Andrew		Johnson & Johnson, Neuroscience Education Institute, Novartis, Abbott, AZ, BMS, GSK, Janssen, Lilly, Ortho McNeil, Otsuka, Pfizer, Sepracor, Shire, Supernus, Cephalon, Targacept	Cephalon, Abbott, AZ, BMS, GSK, Janssen, Jazz Johnson & Johnson, Lilly, Memory, Merck, Novartis, Ortho McNeil, Otsuka, Pfizer, Sanofi Aventis, Sepracor, Shire, Solvay, Supernus, Cephalon, Lilly		Janssen, Neuroscience Education Institute, Novartis, Abbott, AZ, BMS, GSK, Lilly, Ortho McNeil, Otsuka, Pfizer, Sepracor, Shire	Neuroscience Education Institute CME from an advisory board
Debattista, Charles	Corcept Therapeutics		CNS Response, Brain Resource, Neuropace, GSK, Wyeth-Ayerst, Lilly, Cephalon, Cyberonics, Neuronetics, Novartis, AZ, Forest, Medtronics, Boehringer Ingelheim, Advanced Neuromodulation Systems, Pfizer		Lilly, GSK, Pfizer, Cephalon, Wyeth-Ayerst, BMS, AZ, Cyberonics, Corcept Therapeutics, Forest	
DelBello, Melissa		Lilly, GSK, Merck, AZ	Amylin, GSK, Lilly, Janssen, Johnson & Johnson, AZ, Forest, Pfizer, Somerset, NIDA, NARSAD		BMS, Merck	
de Leon, Jose						Genomas, NIH grant co-investigator
Demitrack, Mark	Lilly, Wyeth-Ayerst			Neuronetics		
Depoortere, Ronan Y				Pierre Fabre		
Deutsch, Stephen I		Merck			AZ	
DeVeaugh-Geiss, Angela M	GSK, Merck			Merck		
Dirani, Riad				Johnson & Johnson		
D'Mello, Dale					Merck, AZ	
Docherty, John P		Brain Resource				
Dougherty, Darin D		Medtronic	Forest, Lilly, Cyberonics, Medtronic			APPI, royalties; Medtronic, honoraria for training
Durrence, H. Heith				Somaxon		
Eckermann, Gabriel						Lectures: AZ, BMS, GSK, Janssen Cilag, Lilly, Lundbeck, Merz, Novartis, Orion, Otsuka, Pfizer, Roche Diagnostics, Sandoz, Sanofi Aventis UCB, Wyeth-Ayerst
Ellison, James M			Lilly, Janssen			
Emory, Hamlin	CNS Response					
Emslie, Graham		BioBehavioral Diagnostic Inc, Lilly, Forest, GSK, Pfizer, Wyeth-Ayerst	Lilly, Forest, GSK, Somerset		Forest	
Epperson, Neill	Johnson & Johnson					
Eriksson, Hans				AZ		
Etkin, Amit		NeoStim				

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Faries, Douglas E.				Lilly		
Farley, Joel F.		Novartis, Takeda	Pfizer			
Farlow, Martin R		Novartis	Novartis		Novartis	
Feldman, Rachel				Johnson & Johnson		
Fennema, Hein				Merck		
Ferrando, Stephen J					AZ, Pfizer	
Fleischhacker, Wolfgang	MedAvante	Lundbeck, Roche Biosciences, BMS, Otsuka, United BioSource, MedAvante, Sunovion, Merck, Janssen, Pfizer	Janssen, Alkermes, Lilly, Otsuka, Pfizer		Lundbeck, Sunovion, Janssen, Lilly, Otsuka, AZ	
Fong, Timothy W					Reckitt Benckiser, Cephalon, Pfizer, Forest Res. Inst., Somaxon	
Formella, Andrea				Avanir		
Frank, Ellen		Servier				Guilford, book royalties
Frasch, Karel J					Janssen Cilag	Travel expenses: AZ, Janssen Cilag, Lilly, Janssen Pfizer
Frey, Benicio N		Wyeth-Ayerst	Wyeth-Ayerst, BMS, Lilly		AZ, Wyeth-Ayerst	
Friedman, Edward S		Pfizer	Aspect Medical Systems, Indevus, AZ, BMS, Pfizer, Wyeth-Ayerst, Cyberonics, Novartis, Medtronics, Repligen		AZ	
Fu, Dong-Jing	Johnson & Johnson			Ortho-McNeil Janssen		
Gaebel, Wolfgang		Janssen Cilag, Lundbeck			Lilly	
Galanter, Cathryn A.						Child and Adolescent Bipolar Foundation Scientific Advisory Committee
Gallinat, Jürgen			AZ, Janssen Cilag		BMS, Janssen Cilag	
Gao, Keming			AZ		Pfizer	
Gasior, Maria	Shire			Shire		
Gaynor, Paula J				Lilly		
Geibel, Brooke	Shire			Shire		
George, Tony P			Pfizer			
Geyer, Mark A		Acadia, Merck, Takeda, Sepracor				
Gibbs, Tresha						APA/SHIRE Fellowship
Glick, Ira	Janssen	Janssen, Medivation, Lundbeck	Otsuka, Boots, Pfizer, Lundbeck		AZ, Pfizer	
Goff, Donald C		Lilly, Takeda, Biovail, Solvay, Hoffman-LaRoche, Dainippon Sumitomo, Cypress Bioscience, Indevus, Schering-Plough, Lundbeck	Pfizer, Novartis, GSK			Otsuka DSMB
Goldberg, David P		Pfizer				

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Goodkin, Karl		Amgen	Ortho-McNeil Janssen		Merck	
Gopal, Srihari	Johnson & Johnson			Johnson & Johnson		
Gordon, Evian	Brain Resource					
Gray, Laurie B						APA/Shire Fellowship
Griffin, Marilyn						APA/BMS Fellow
Grossberg, George T		Forest, Novartis, Pfizer	Elan, Forest Res. Inst., BMS, Novartis, NIH, NIMH			Safety Monitoring Board: Abbott, Schering-Plough
Gupta, Sanjay					Lilly, GSK Beechum, Forest, Novartis, AZ, Merck	
Haltzman, Scott D			Pfizer, Ingelheim-Boehringer, Forest			
Hamarman, Stephanie					Merck, Lilly, Novartis, BMS, McNeil, Pam Lab, Shire	
Hammerness, Paul G		Shire, Ortho-McNeil Janssen	Ortho-McNeil Janssen, Shire			CME/professional writing: Abbott, Forest, Lilly
Harvey, Philip D.		Abbott, Merck, Sunovion, En vivo, Shire, Solvay				
Helldin, Lars			Janssen Cilag			
Hellerstein, David J			Lilly			
Henderson, David C		Merck, Pfizer	Stanley Foundation, Ortho McNeil		Reed Medical Education	
Henderson, Theodore A		CereScan Corp.		The Synaptic Space		
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Hickie, Ian B			Pfizer, Servier		Lilly, Janssen-Cilag, AZ, Servier, Pfizer	
Hoffman, Fapa, Daniel A.	CNS Response					
Hull, Steven G.		Sepracor, Neurocrine Biosciences, Pfizer, Sanofi Aventis, Cephalon, Takeda, Merck, Somaxon, TransOral, Evotec	Acambis Research, I D Biomedical, Sepracor, Pharmacia & Upjohn, Neurocrine Biosciences, GSK, Merck, Somaxon, Vanda, TransOral, Evotec, Arena Pharmaceuticals, Pfizer, Sanofi Aventis, Cephalon, Takeda, Neurogen			
Idowu, Joel					BMS, AZ	
Iosifescu, Dan V.			Aspect Medical, Forest, Janssen, NARSAD, NIH	Massachusetts General Hospital	Lilly, Pfizer, Forest, Reed Medical Education	
Jacobson, Sandra A			BMSs, Avid, Bayer, Baxter Healthcare, Janssen, Medivation			APPI, royalties
Jain, Gagan		Takeda				
Jain, Rakesh		Takeda	Takeda			

NAME	STOCK	CONSULTANT	GRANT/RESEARCH SUPPORT	EMPLOYEE	SPEAKER BUREAU	OTHER FINANCIAL INTEREST
Jayaram, Geetha						Janssen, advisory board
Jeste, Dilip V.						Medication donation for NIMH-funded research: BMS, Lilly, Janssen
Kajdasz, Daniel K.	PGxHealth			PGxHealth		
Kalin, Ned H	Corcept Therapeutics, Cenerx	Medivation, AZ, BMS, Cenerx, Corcept Therapeutics, Elsevier Press, Lilly, Neuronetics, Otsuka, Sanofi Aventis, Wyeth-Ayerst			CME Outfitters	
Karayal, Onur N				Pfizer		
Karim, Reef					Alkermes, Reckitt Benckiser	
Karlsson, Hasse					Janssen Cilag, Lundbeck	
Karve, Sudeep		RTI Health Solutions				
Kasckow, John			AZ			
Katon, Wayne	Lilly, Pfizer, Forest, Wyeth-Ayerst					Lilly, advisory board
Kellner, Charles			NIMH			
Kern Sliwa, Jennifer				Ortho-McNeil Janssen		
Ketter, Terence A		Merck, Abbott, AZ, Astellas, Cephalon, Lilly, Forest, Janssen, Jazz Novartis, Organon, Wyeth-Ayerst, Solvay, Valeant, Vanda, Xenoport, BMS, Dainippon Sumitomo, GSK	Abbott, BMS, GSK, Repligen, Sepracor, Wyeth-Ayerst, AZ, Cephalon, Lilly, Pfizer			Spouse stockholder & employee: Johnson & Johnson; Lecture honoraria: BMS, Abbott, Lilly, Noven, Otsuka, Pfizer, AZ, GSK
Kleber, Herbert D		Neuromed, Teva, Perdue, Grunenthal GmBH, Reckitt Benckiser, Alkermes				Grunenthal GmBH SAB
Kohn, Robert			NIH		Forest, Pfizer, Novartis	
Koslow, Stephen H	Brain Resource	Brain Resource		AFSP		
Kovach, Drew A.		Gilead Sciences, BMS			Gilead Sciences, BMS, Merck	
Kratochvil, Christopher		Lilly, Abbott, AZ, Pfizer	Lilly, Abbott, Shire, Somerset, AZ			Oxford, royalties; Wiley, editor
Krystal, Andrew		Somaxon				
Kyomen, Helen H.		AZ, Bayer, BMS, Merck, Lilly, Roche, GSK, Novartis, UCB, Wyeth-Ayerst, Pfizer	NIA, Bayer, BMS, Lilly, Roche, UCB, Wyeth-Ayerst, Pfizer, NIH			
Landbloom, Ronald				Merck		
Lawrence, Carol		Takeda				
Leifman, Steve					Janssen-Ortho	
Leon, Andrew C		Roche, MedAvante, NIMH, Roche				Independent Data & Safety Monitoring Board: AZ, Dainippon Sumitomo
Leuchter, Andrew F		BMS, Otsuka, Lilly, Merck	Lilly, Aspect Medical, Medavante, Merck, Pfizer, Sepracor, Wyeth-Ayerst		Lilly	
Levin, Frances R			US World Med			
Levine, Stephen			Lilly			

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NAME	STOCK	CONSULTANT	GRANT/RESEARCH SUPPORT	EMPLOYEE	SPEAKER BUREAU	OTHER FINANCIAL INTEREST
Levounis, Petros					AZ, Pfizer	
Lewis, David		Merck, BMS, BioLinx RX, SX Life Science	BMS, BMS, Pfizer, Curridium			
Lewis-Fernandez, Roberto			Lilly			
Lewy, Alfred J		Servier, Takeda				
Licinio, Julio	DeCode Genetics	Nature Publishing	NIH			
Lieberman, Jeffrey			Allon Therapeutics, Forest, Merck, Pfizer			Advisory Board: Lill, Repligen Patent, Bioline
Lim, Russell F						Educational grant: AZ, Pfizer
Links, Paul S			Lilly Canada			
Lisanby, Sarah H			Cyberonics			Magstim, Equipment Support
Loebel, Antony				Dainippon Sumitomo		
Lucki, Irwin		Wyeth-Ayerst	AZ			
Mago, Rajnish			Forest Res. Inst., Lilly, BMS		BMS	
Maixner, Daniel F			Neuronetics		AZ	
Mangurian, Christina V						Honoraria from APIRE/Janssen for research mentoring
Mao, Alice R		Lilly, Novartis			Lilly, BMS, McNeil, Shire, Novartis	
Markowitz, John C			NIMH			Royalties: APPI, Oxford; Editorial salary: Elsevier
Markowitz, Michael A		Johnson & Johnson		Ortho-McNeil Janssen		
Marshall, Randall				Sunovion		
Martin, Peter S						APA/BMS Public Psychiatry Fellowship
Matthews, Annette M				Portland VA Med. Ctr.		
Mattingly, Greg	Shire, Johnson & Johnson	Lilly, Forest, Vanda, Shire, McNeil			Forest, Abbott, Lilly, GSK, Shire, Janssen	
Mccarron, Robert M					Lilly	
Mccracken, James T		BioMarin, PharmaNet	Seaside Therapeutics, BMS		Tourette Syndrome Assn.	
McDougle, Christopher J.		BMS	BMS		BMS	
McElroy, Susan		Lilly, Schering-Plough, Alkermes	Alkermes, AZ, Cephalon, Lilly, Forest, Jazz Orexigen, Pfizer, Shire, Takeda			
McGorry, Patrick D		Janssen Cilag, Lilly, Pfizer, AZ	Janssen Cilag, AZ			
Mcinnis, Melvin G					Merck	
Mcintyre, Roger S			Lilly, Janssen-Ortho, Shire, Stanley Medical Research Institute, NARSAD		Janssen-Ortho, AZ, Lilly, Lundbeck, Lundbeck, Biovail, Wyeth-Ayerst	Advisory board: Lilly, Organon, Lundbeck, Biovail, Pfizer, Shire, Schering-Plough, AZ, BMS, France Fndn, GSK, Janssen-Ortho, Solvay; CME activities: AZ, BMS, France Fndn, CME Outfitters, Solva, Postgraduate Press

NAME	STOCK	CONSULTANT	GRANT/RESEARCH SUPPORT	EMPLOYEE	SPEAKER BUREAU	OTHER FINANCIAL INTEREST
Meyer, Jonathan M		Dainippon Sumitomo, AZ, BMS, Janssen, Organon, Pfizer, Vanda, Wyeth-Ayerst	NIMH, BMS, Pfizer		Merck, AZ, Janssen-Ortho, BMS	
Milev, Roumen V					AZ, Lilly Canada, JanssenCanada, Pfizer Canada, Servier Canada, Wyeth-Ayerst Canada	
Mischoulon, David		BMS	Pam Lab, Amarin, Nordic Naturals, Ganeden		Reed Medical Education, Nordic Naturals	Royalties: Lippincott, Back Bay Scientific
Misri, Shaila			Lundbeck Canada, AZ Canada		Lundbeck Canada, Pfizer Canada, AZ Canada	
Mitchell, James E.			Lilly			
Moeller-Bertram, Tobias			Forest Research Inst.			
Mrazek, David A						An interest in intellectual property licensed by Assure Rx
Muskin, Philip R					AZ, BMS	
Mustafa, Husain			NIMH, NIMH, NIH, Advanced Neuromodulation Systems, Neuronetics, Stanley Medical Research Institute, Stanley Foundation, Cyberonics			
Nace, David K				McKesson		
Nahas, Ziad H.		Neuronetics	Cyberonics, Medtronic, Brainsway, NIMH, NARSAD, Neuronetics		Neuronetics	
Narasimhan, Meera			Forest, AZ, BMS, Otsuka, Janssen		AZ, BMS, Schering-Plough	
Nasr, Suhayl					Lilly, Pfizer	
Nasrallah, Henry A		AZ, Janssen, Novartis, Pfizer, Sepracor	Pfizer, Shire, Forest, Janssen, Otsuka		AZ, Janssen, Novartis, Pfizer, Merck, Sepracor	
Nemeroff, Charles B	AZ, Cenerx, PharmaNeuroBoost, Nova Del					Scientific Advisory Board: AZ, Cenerx; Board of Directors: Mt Cook, Reevax
Newcomer, John W		Biovail, AZ, Lundbeck, Janssen, Pfizer, BMS	NIMH, NARSAD, Janssen, Pfizer, Wyeth-Ayerst			Data Safety Monitoring Committee: Vivus, Schering, Dainippon Sumitomo
Ninan, Philip T				Pfizer		
Nuechterlein, Keith H		Merck	Ortho-McNeil Janssen, NIMH			
Nunes, Edward V			Alkermes			
O'Brien, Charles		Alkermes, Gilead Sciences, Embera NeuroTherapeutics				
O'Gorman, Cedric				Pfizer		
Oquendo, Maria A	BMS		Janssen Cilag, BMS, Pfizer, Lilly, Shire, AZ			
Pae, Chi-Un			GSK, Lundbeck, AZ, Lilly, Otsuka, Pfizer			

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NAME	STOCK	CONSULTANT	GRANT/RESEARCH SUPPORT	EMPLOYEE	SPEAKER BUREAU	OTHER FINANCIAL INTEREST
Pandya, Anand		Janssen-Ortho				
Panish, Jessica M				Johnson & Johnson		
Papakostas, George I		Lilly, Abbott, BMS, Pam Lab	Forest, Pam Lab, Pfizer, BMS			Lecture honoraria: AC Immune, Abbott, Lilly, Pam Lab, BMS, GSK, Lundbeck, Otsuka, Pfizer
Pappadopulos, Elizabeth				Pfizer		
Parameswaran, Sharat			Janssen			
Parks, Joseph J		Brain Resource, Care Management Technologies, Sunovion			Pfizer	
Patel, Amita R.					Novartis, Pfizer, AZ, BMS, Lilly, Forest	
Patkar, Ashwin A.		BMS, Reckitt Benckiser, Forest	Alkermes, BMS, Cephalon, GSK, Merck, Lundbeck, Jazz Titan, Shire, Pfizer, Forest		BMS, Pfizer, Reckitt Benckiser, Alkermes, Merck	
Petitjean, Francois C					BMS, Servier	
Phillips, Katharine A			NIMH, FDA, Forest, AFSP	Rhode Island Hospital		Royalties: Free Press, Oxford, Guilford
Pikalov, Andrei				Dainippon Sumitomo		
Pope, Laura	Avanir			Avanir		
Post, Robert		AZ, BMS, GSK Beechum				
Potkin, Steven			Organon, Roche Biosciences, Solvay, Wyeth-Ayerst, Novartis, Dainippon Sumitomo, Ono, BMS, Pfizer, Otsuka, Merck, Janssen		Forest Res. Inst., BMS, Pfizer, Janssen, Novartis	Honoraria: Organon, Merck, Wyeth-Ayerst, Novartis, Dainippon Sumitomo, On, Solvay, BMS, Pfizer, Forest Research Inst., Janssen
Potkin, Steven G		BMS, Cortex, Dainippon Sumitomo, Janssen, Novartis, Otsuka, Pfizer, Vanda, AZ, Roche Biosciences, Schering	BMS, Otsuka, Pfizer, Schering, Solvay, Roche Biosciences, Elan, Lilly, Forest, NIAAA, NIH, AZ, Dainippon Sumitomo, Janssen, Novartis, Vanda		AZ, BMS, Novartis, Schering	
Price, Charles					Pfizer, AZ, Forest, Merck, Sunovion	
Prince, Jefferson B						Sponsored CME Activity: Shire, Ortho McNeil
Rapaport, Mark H.		Astellas, BCI, Wyeth-Ayerst, NIMH, Dainippon Sumitomo., BrainCells, Inc., Quintiles, Pfizer, Takeda	NCCAM, CME Outfitters, CME Institute, NIMH			
Rasgon, Natalie L.		Forest, Wyeth-Ayerst	Forest, Wyeth-Ayerst			
Regan, Timothy			Cephalon	Xcenda		
Renner, John A.	Johnson & Johnson					
Renshaw, Perry F.		Kyowa Hakko, Ridge Diagnostics, Novartis				
Robinson, Donald S.		PGX Health, Dey				
Robison, Linda M.		BMS, Lilly				
Rostain, Anthony L.		Ortho-McNeil Janssen, Shire				

NAME	STOCK	CONSULTANT	GRANT/RESEARCH SUPPORT	EMPLOYEE	SPEAKER BUREAU	OTHER FINANCIAL INTEREST
Roth, Thomas		Otsuka, Prestwick, Proctor & Gamble, Pfizer, Purdue Pharma, Roche, Sanofi, Schering, Sepracor, Servier, Shire, Somaxon, Takeda, Trascept Pharm, Vanda, Wyeth-Ayerst, Yamanouchi, Xenoport, GSK, Lundbeck, McNeil, Merck, Neurocrine, Neurogen, Novartis, Organon, Jazz King, King, Abbott, Acadia, Acorda Therapeutics, Alza, AZ, Bayer, BMS, Cephalon, Cypress, Eisai, Elan, Lilly, Evotec, Forest	Aventis, Cephalon, GSK, Merck, Neurocrine, Pfizer, Sanofi, Schering, Sepracor, Somaxon, Takeda, TransOral, Wyeth-Ayerst, Xenoport		Cephalon, Sanofi, Sepracor	
Ruano, Gualberto				Genomas		
Ryan, Deirdre			AZ Canada, Lundbeck Canada			
Sallee, Floyd R.		Otsuka, Merck, Shire	Shire, BMS		Takeda, Jazz Pfizer	
Sanchez, Connie				Lundbeck		
Sartorius, Norman		Lilly, UCB, Lundbeck, Servier			Janssen Cilag, Actellion, AZ, Pfizer	
Schaffer, Ayal		AZ Canada, Lilly Canada, BMS	AZ Canada, Pfizer Canada		AZ Canada, Lilly Canada, BMS, Lundbeck Canada	
Schatzberg, Alan F.	Forest, Corcept Therapeutics, Pfizer, Merck	Corcept Therapeutics, Neuronetics, Jazz Sepracor, Takeda				Corcept Therapeutics, royalty
Schmahl, Christian					Pfizer	
Schneider, Gary			Takeda	United BioSource		
Sclar, David A.		BMS, Lilly, Pfizer	Lilly, Pfizer, GSK, Forest			
Sewell, Daniel D.			John A. Hartford Fndn., NIMH			Traveling educational presentations, INC CEO; Am. Assn. for Geriatric Psychiatry, board member, travel; Am. Geriatrics Soc., paid contributing writer
Shah, Asim			Evotec, NARSAD, NIH, Johnson & Johnson		AZ, Novartis, BMS	
Shalev, Arieh Y.			Lundbeck			
Shannahoff-Khalsa, David						WW Norton, royalties
Smith, David W.					AZ, Lilly, Forest, Pfizer	
Soares, Claudio N.		Lundbeck Canada, Pfizer, Pfizer, AZ, Wyeth-Ayerst, Lilly	Pfizer, AZ, Wyeth-Ayerst, Lilly		Lundbeck Canada, Pfizer, AZ, Wyeth-Ayerst, Lilly	
Solhkhah, Ramon					BMS, Merck	
Somogyi, Monique	Novartis			Novartis		

NAME	STOCK	CONSULTANT	GRANT/RESEARCH SUPPORT	EMPLOYEE	SPEAKER BUREAU	OTHER FINANCIAL INTEREST
Stahl, Stephen M.		Biovail, Meda, SK, Soffinova, Vivus, Allergan, Sepracor, Servier, Covance, BioMarin, Meiji, Pierre Fabre, Prexa, Propagate Pharma, Rexahn, Royalty Pharma, Cenerx, Eisai, Merck, Otsuka, Pfizer Canada, PGxHealth, Schering, AZ, Arena, Boehringer Ingelheim, BMS, Cypress Bioscience, Dainippon Sumitomo, Lilly, Forest, GSK, Labopharm Inc, Lundbeck, Neuronetics, Marinus, Novartis, Pam Lab, Pfizer, Sanofi, Shire, Wyeth-Ayerst, Vanda, Solvay	Pharmasquire, BMS, Lilly, Lundbeck, Sanofi Aventis, AZ, Boehringer Ingelheim, Cephalon, Dainippon Sumitomo, Forest, Novartis, Pam Lab, Pfizer Canada, Pfizer, Schering, Sepracor, Shire, Wyeth-Ayerst		Merck, Schering, Pfizer, Wyeth-Ayerst	
Starr, H. Lynn				Ortho-McNeil Janssen		
Stein, Alan G.			UCB		UCB	
Stigler, Kimberly A.			BMS, Lilly, Forest Res. Inst., Ortho-McNeil Janssen, Janssen, NIMH			
Stonehocker, Brian		AZ Canada, Lundbeck Canada, Wyeth-Ayerst Canada			Biovail, Lilly Canada, JanssenCanada, Lundbeck Canada, AZ Canada, Wyeth-Ayerst Canada	
Strakowski, Stephen M.			NIMH, NIDA, Lilly, Janssen, AZ, Martek Biosciences, Nutrition 21, Repligen		CME Outfitters, WebMD	
Strauss, Gordon D.	Abbott, Allergan, DuPont, Lilly, GSK, Humana, Merck, Pfizer, Wyeth-Ayerst					
Sudak, Donna M.						Royalties: Lippincott, APPI, Wiley; Elsevier Press editorial board (honoraria)
Sullivan, Maria A.			Reckitt Benckiser			
Summers, Richard F.	Biogen					Royalties, Guilford
Surman, Craig B.		Shire, Takeda, McNeil	McNeil, Shire, NIH, Takeda		McNeil, Novartis, Shire	Lecture honoraria: JanssenCanada; Educational and survey funding: Shire
Sylvester, Lauren			Cephalon	Ipsos		
Szegedi, Armin				Merck		
Tamminga, Carol A		Astellas, Cypress Bioscience, Lilly, PureTech Ventures, Sunovion				Advisory board: Acadia, Intracellular Therapies
Taylor, Valerie H.			BMS, Pfizer Canada		AZ Canada, BMS, Lilly, Pfizer Canada	
Thase, Michael E.	MedAvante	Gerson Lerman, Lundbeck, Otsuka, Ortho McNeil, Pam Lab, Pfizer, Schering, Guidepoint Global, AZ, Merck, Shire, Forest, Neuronetics, Novartis, Trascept Pharm, AZ, BMS, Lilly, GSK, MedAvante, Supernus, Takeda	Agency for Healthcare Research and Quality, Lilly, GSK, NIMH, Sepracor		BMS, Merck, Pfizer, AZ, Lilly	Royalties: APPI, Guilford, Herald House, WW Norton; Spouse's Employment: Embryon Inc.; Advisory board: Gerson Lerman, GSK, Lundbeck, Ortho McNeil, Pam Lab, Pfizer, Trascept, Forest, AZ, BMS, Lilly, Guidepoint Global, MedAvante, Merck, Neuronetics, Novartis, Otsuka, Schering, Shire, Supernus, Takeda
Tourian, Karen A.				Pfizer		
Townsend, Mark H.		Jazz Pharmacuetical	Otsuka, BMS			

NAME	STOCK	CONSULTANT	GRANT/RESEARCH SUPPORT	EMPLOYEE	SPEAKER BUREAU	OTHER FINANCIAL INTEREST
Trivedi, Madhukar H.		BMS, Cephalon, Cyberonics, Lilly, Fabre-Kramer Phar, Forest Res. Inst., GSK, Janssen, Johnson & Johnson, Lundbeck, MedAvante, Medtronic, Parke-Davis, Division of Warner-Lambert Company, Takeda, Wyeth-Ayerst, Pfizer, PGxHealth, Rexahn, Sepracor, Shire, Abbott, Organon Pharmaceuticals Inc., AZ, CME Institute, Evotec, Pam Lab, Neuronetics, Otsuka	Corcept Therapeutics, Cyberonics, Merck, NARSAD, NIMH, NIDA, Targacept, Pharmacia & Upjohn Company, Inc., EPIX, Solvay, Agency for Healthcare Research and Quality, Concert Pharmaceuticals, Novartis		Forest Res. Inst., GSK, Lundbeck, MedAvante, Takeda, Wyeth-Ayerst, Pfizer, PGxHealth, Rexahn, Sepracor, Solvay, BMS, CME Institute, Lilly, Pam Lab, Otsuka	
Tsuang, John W.					Lilly	
Udomratn, Pichet			Lundbeck		GSK	
Umbricht, Daniel				Hoffman-LaRoche		
Van Ameringen, Michael		Lilly Canada, Shire, Labopharm Inc, Pfizer	Canadian Foundation for Innovation, Lilly Canada, Pfizer, JanssenCanada, NIMH, Wyeth-Ayerst Canada		Lundbeck Canada, Biovail, JanssenCanada, Pfizer	
Vitolo, Ottavio				Massachusetts General Hospital		
Wagner, Jan-Samuel		Johnson & Johnson, Allergan, AZ, Boehringer Ingelheim, BMS, Centocor Ortho Biotech, Eisai, Janssen, Merck, Pfizer, Sanofi Aventis, Takeda				
Wagner, Karen D.						Honoraria: CMP Medica Press, Physicians Post Graduate Press
Walkup, John T.			Tourette Syndrome Association		Tourette Syndrome Association	Royalties: Guilford, Oxford; Drug and placebo for NIMH study: Pfizer, Lilly
Wang, Po W.			Lilly, Forest, Dainippon Sumitomo		GSK, Pfizer, BMS, AZ	
Ware, Mark A.		Bayer, Pfizer Canada, Valeant	Bayer, Pfizer Canada, Valeant			Bayer Speaker Honoraria, Pfizer Canada Speaker Honoraria, Valeant Speaker Honoraria
Weeks, Howard					Neuronetics	
Weiss, Roger D.			Lilly			
Werner, Peter				Forest Res. Inst.		
Wilens, Timothy E.		NIH, Abbott, AZ, McNeil, Lilly, NIDA, Novartis, Merck, Shire	NIH, Abbott, McNeil, Lilly, Merck, Shire		McNeil, Novartis, Shire	Royalties, Guilford
Williams, Leanne	Brain Resource					
Wiseman, Stephen R.						Honoraria: Pfizer Canada, Lundbeck Canada
Wong, Dean			Lilly, Johnson & Johnson, Merck, Otsuka, Roche Biosciences, Sanofi Aventis			
Wright, Jesse H.	Mindstreet				Wyeth-Ayerst	
Yeung, Paul					Novartis, Merck	
Yoon, Mija				Shionogi		
Young Yum, Sun				Pfizer		
Zeller, Scott L.		Alexza Molecular Delivery			Pfizer, Lilly	
Zhao, Jun				Merck		

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THE FOLLOWING PRESENTERS INDICATED NEITHER THEY NOR AN IMMEDIATE MEMBER OF THEIR FAMILY HAVE ANY SIGNIFICANT RELATIONSHIP TO DISCLOSE

Abbas, Muhammad A
Abbey, Susan E
Abraham, Shiny
Abramson, Ronald
Adams, Julie
Addington, Donald E
Adelson, Stewart L
Agarwal, Gaurava
Agashivala, Neetu
Aggarwal, Sunil K
Agudelo, Angela
Aguilar-Gaxiola, Sergio
Ahad, Sami
Ahmad, Intikhab
Aist, Clark S
Akaka, Gerard
Akaka, Jeffrey L
Akil, Mayada
Akiyama, Kazufumi
Akiyama, Tsuyoshi
Akkisi Kumsar, Neslihan
Aklin, Will
Alao, Adekola
Alarcon, Renato D
Albright, Brittany B
Alicata, Daniel A
Allen, Michael
Amen, Daniel G
Anand, Vivek
Anderson, Allan A
Andrade, Naleen N
Andrews, Gavin
Angello, Michele
Anglin, Rebecca
Anspikian, Ara
Antony, Jesmin
Anzia, Joan M
Apter, Gisële
Arean, Patricia A
Armenakis, Alexis
Arnaout, Bachaar
Arredondo, Esmée
Arroyo, William
Ash, Peter
Ashley, Kenneth
Atdjian, Sylvia
Atsuo , Sekiyama
Audeh, William
Avasthi, Ranjan
Baca-Garcia, Enrique
Badashova, Ksenya K
Bae, Hwallip
Baez-Sierra, Deyadira
Bajor, Laura
Bajwa, Ghulam M
Balali, Shabnam
Balan, Yener A
Balderson, Ken
Ball, Valdesha L
Balon, Richard
Bär, Karl
Barak, Yoram
Barber, Mary E
Bark, Nigel
Barry, Declan
Baslet, Gaston
Bateman, Anthony W
Bates, Mark J
Batinic, Borjanka
Batra, Jaskanwar
Batten, Lisa A
Batten, Sonja V
Battula, Smitha
Baum, Antonia L
Baumann, Kristen
Beach, Craig A
Bearden, Carrie
Beaubrun, Gabrielle F
Bechara, Antoine
Beck, Judith S
Beebe, Lora H
Beeber, Alan R
Bell, Carl C
Belmonte, David C
Belnap, Barri
Benabarre, Antonio
Benay, Elliott
Benedek, David M
Beresford, Katherine A
Berge, Line Iden
Berkowitz, Ellen
Berkowitz, Steven
Berlin, Amy
Berlin, Jon S
Bernardi, Silvia
Bernet, William
Bernstein, Carol A
Bessa, Sonia
Bestha, Durga
Betancourt, Theresa
Bhat, Venkataramana
Bhugra, Dinesh
Bialer, Philip A
Biedrzycki, Ashleigh B
Bilder, Robert
Billett, William
Billick, Stephen B
Bills, Lyndra
Bishnoi, Ram Jeevan
Bizamcer, Aurelia
Blackman, Sheldon
Blank, Diana
Blasco-Fontecilla, Hilario
Blazer, Dan G
Blinder, Barton J
Bobb, Vanessa T
Boerngen-Lacerda, Roseli
Bogdanich, Radmila
Bokarius, Vladimir
Boland, Robert J
Bolton, James M
Bolton, Shay-Lee L
Bonetti, John M
Booty, Andrew
Borges, Cristiane
Börjesson-Hanson, Anne
Bourgeois, James A
Bowen, Jill
Bozkurt, Ali
Bradley, John C
Brakemeier, Eva-Lotta
Brendel, Rebecca W
Brockman, Richard
Bromberger, Joyce
Brook, David W
Brown, Derek S
Brown, Mark C
Brown, Michelle R
Brown, Richard P
Brown, Walter
Brunner, Elizabeth
Buboltz, Melissa
Buch, Deep
Buchanan, Anne
Bui, Eric
Bullard, Crystal R
Burd, Ronald M
Burke, Jack D
Bus, Boudewijn
Buxton, David
Caballero, Luis
Cagande, Consuelo C
Cai, June
Cain, Tonier
Camacho, Alvaro
Campbell, Nioaka N
Campbell, William H
Capaldi, Vincent F
Capobianco, Marc A
Caracci, Giovanni
Carnes , Patrick
Carroll, Ian R
Carroll, Kathleen M
Caselli, Monica T
Cassidy, Theresa A
Castro-Cordoba, Juan Luis
Caubel, Joséphine
Caudill, Robert L
Cerimele, Joseph
Cerny, Cathleen A
Certa, Kenneth M
Chadha, Puja
Chan, Carlyle H
Chandrasena, Gamini
Chang, Sung Man
Charguia, Nadia E
Chaudhary, Ayesha
Chaves, Ana
Cheer, Joseph
Chemtob, Claude M
Chen, Chiao-Chicy
Chen, Chih-Ken
Chen, Justin
Chen, Ying-Sheue
Cheon, Jin Sook
Cheong, Josepha A
Chmieleski, Susan
Cho, Mildred
Choi, Hyungin
Choi, Jong Hyuk
Choi, Jung-Seok
Choi, Soo-Hee
Choi, Youngmin
Chow, Elisa
Christin, Drake
Chung, Bowen
Chung, Christopher K
Chung, Moon
Chung, Richard S
Cinar, Mehmet Alper
Clark, Gina M
Clark, H. Westley
Clarke, Diana E
Clemens, Norman A
Cloninger, C. Robert
Cobb, Robert
Cody, Matthew
Cohen, Mary Ann
Cohen, Shelly
Cole, Steven
Collins, Pamela Y
Compton, Michael T
Compton, Wilson M
Concepcion, Erika K
Corcoles, David
Coryell, William
Costin, George
Courchesne, Eric
Cournos, Francine
Courtet, Philippe
Covington, Ed C
Crisp-Han, Holly
Crone, Catherine C
Cuffe, Steven P
Cummings, Stephen
Cutcliffe, John R
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Visit the
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at its new location in the APA Member Center

The popular APA Store will be open for business during the Annual Meeting in Honolulu! Stop by and browse through an assortment of APA-branded merchandise.

LOCATION:
The APA Member Center is located at the Hawaii Convention Center in Exhibit Hall (Level 1)

APA STORE HOURS:
Saturday, May 14 through Tuesday, May 17
8:00 a.m. – 3:00 p.m.

Stop by the APA Store to see our new selections.
Whether in Honolulu or at home, show pride in your profession by displaying your APA-branded merchandise!

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at the 164th Annual Meeting of the American Psychiatric Association

Hawaii Convention Center

Rooms 301A and 301B • 1801 Kalakaua Avenue • Honolulu, Hawaii

Managing Adult Patients with Manic or Mixed Episodes Associated with Bipolar I Disorder - Updates on a Treatment Option

Sunday, May 15, 2:00 pm – 2:30 pm

Roger S. McIntyre, MD, FRCPC
Associate Professor of Psychiatry and Pharmacology, University of Toronto

Head, Mood Disorders Psychopharmacology Unit
www.mdpu.ca
University Health Network
Toronto, Ontario, Canada

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Hawaii Convention Center

Rooms 301A and 301B • 1801 Kalakaua Avenue • Honolulu, Hawaii

Managing Adult Patients with Schizophrenia - Updates on a Treatment Option

Monday, May 16, 2:00 pm – 2:30 pm

Steven G. Potkin, MD
Professor of Psychiatry and Human Behavior, Director of Research

Robert R. Sprague Endowed Chair in Brain Imaging

Director of UCI Brain Imaging Center
University of California
Irvine, California, USA

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Enhancing Outcomes in Schizophrenia: New Treatment Approaches

A Symposium Held During the APA 2011 Annual Meeting

Monday, May 16, 2011
5:30PM Dinner and Sign-in
6:00PM-8:00PM Educational Activity

Sheraton Waikiki
Second Level, Hawaii Ballroom, Kauai and Maui Rooms
Honolulu, Hawaii

Don't Miss This Important Educational Activity!

5:30PM
Dinner

6:00PM
Welcome and Overview
Stephen M. Stahl, MD, PhD
Activity Chairperson
University of California, San Diego
Neuroscience Education Institute
Carlsbad, California

6:05PM
Mechanism of Action of Atypical Antipsychotics: Are There Any Meaningful Differences?
Stephen M. Stahl, MD, PhD
Activity Chairperson

6:25PM
New Atypical Agents for Schizophrenia: What Have We Learned?
Rona J. Hu, MD
Stanford University School of Medicine
Stanford Hospital and Clinics
Stanford, California

6:45PM
Switch Strategies in Patients With Schizophrenia: What Works Best?
John W. Newcomer, MD
Leonard M. Miller School of Medicine
Miami, Florida

7:05PM
Enhancing Long-Term Outcomes in Schizophrenia: The Role of Cognitive Remediation
Alice Medalia, PhD
College of Physicians and Surgeons
Columbia University Medical Center
New York, New York

7:25PM
Question and Answer Session

8:00PM
Adjournment

Who Should Participate
This activity is designed for clinical psychiatrists and other healthcare professionals interested in the management and treatment of schizophrenia.

Learning Objectives
At the conclusion of this activity, participants should be able to

1. Describe the role of receptor actions in therapeutic effects as well as side effects of current antipsychotic agents.
2. Evaluate what we have learned about the risks and benefits of specific agents in clinical practice, including how to select and switch from one agent to another.
3. Discuss how to leverage the actions of medications with cognitive remediation for best outcomes in schizophrenia.

Accreditation Statement
The American Psychiatric Association (APA) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Credit Designation Statement
The APA designates this live activity for a maximum of 2 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Faculty Disclosure Statement
Participating faculty will disclose any industry affiliations, sponsorships, honoraria, monetary support, and other potentially biasing factors to the audience.

Attendees must be registered for the APA Annual Meeting to attend this symposium. Seating is limited and will be on a first-come, first-served basis. For more information about the meeting, please visit the APA Web site at www.psych.org or contact the APA toll free at 1.888.357.7924 (within the US or Canada) or 703.907.7300.

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SUNOVION Supported by an educational grant from Sunovion Pharmaceuticals Inc.

International Discussion Groups at the APA 164th Annual Meeting

Sheraton Waikiki, Honolulu, Hawaii

Join us at the APA international discussion groups. These discussions afford psychiatrists the opportunity to meet and discuss relevant medical and mental health issues pertinent to the world. These groups are open to all Annual Meeting attendees and chaired by APA members.

Sunday, May 15, 2011

10:00am – noon
Middle East Discussion Group
Kohala Room

1:00 – 3:00pm
International Lesbian, Gay, Bisexual, and Transgender Discussion Group
Kohala Room

3:00 – 5:00pm
Africa Discussion Group
Kohala Room

Monday, May 16, 2011

1:00 – 3:00pm
Pacific Rim Discussion Group
Kohala Room

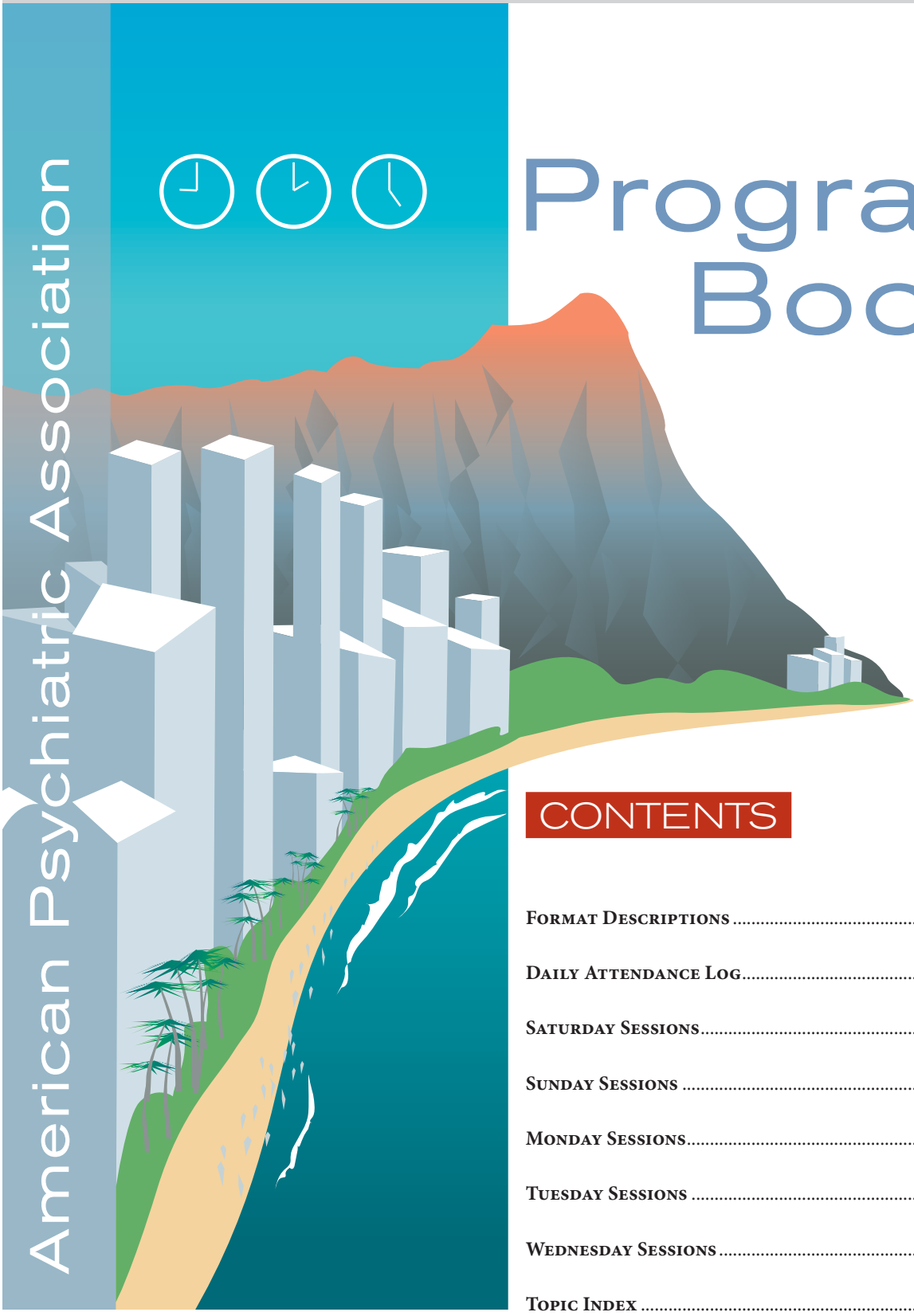
2:00 – 4:00pm
South Asia Discussion Group
Kona Room

Tuesday, May 17, 2011

12:30– 2:30pm
Europe Discussion Group
Ewa Room

Those interested in mental health issues in Latin America may wish to attend the American Society of Hispanic Psychiatrist' allied organization meeting Saturday, May 16 from 12:00 PM to 6:00 PM. Further information is available in the Directory of Activities.

American Psychiatric Association



Program Book

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ADVANCES IN SERIES

These sessions are intended to highlight important new advances occurring in the field of psychiatry involving selected disorders or treatments. Some of these sessions are chaired by editors of recent textbooks published by the American Psychiatric Publishing, Inc. (APPI), and feature selected chapter authors from these texts. The books discussed at these sessions may be purchased at the APPI bookstore or online. During the Advances in Research Session, leading clinical researchers present the latest developments in research. Other types of advances in sessions include topics designed to provide psychiatrists with the latest in clinical developments in other areas of medicine. The intent is to give the audience an update from a physician in a particular specialty. These sessions will help attendees keep pace with the rapidly expanding knowledge base and technology in various branches of medicine.

CASE CONFERENCES

During these 90-minute sessions, clinical material is presented by videotape or the treating therapist. One or more experts then discuss the case.

! These sessions are open to apa members only. A blue registration badge or an APA membership card are required for admittance.

COURSES MASTER COURSES)

Courses are designed to emphasize learning experiences that actively involve participants and include the opportunity for informal exchange with the faculty. Offered in four-hour (half-day), six-hour (full-day), and eight-hour (full-day) sessions, courses either review basic concepts in a special subject area or present advanced material on a circumscribed topic. Attendees must be registered for the meeting and purchase tickets to attend.

FOCUS LIVE

These 90-minute sessions allow attendees to test their knowledge using an interactive Audience Response System (ARS), offering a new and entertaining way to learn. By using the ARS, attendees will feel like they are involved in a small group consultation with an expert clinician, even though the session is being attended by a large number of people. Experts, who served as guest editors of FOCUS, will lead lively multiple choice question-based discussions, and the audience will enter their answers using hand-held devices. The results are instantly tallied and projected on the screen.

FORUMS

These are flexible presentations that afford an opportunity to highlight and select topics that are of timely interest to psychiatrists and other mental health professionals. Speakers and panel members are chosen by the Scientific Program Committee for their expertise and leadership in the field.

LECTURES

Lectures feature a small number of distinguished speakers discussing scientific and cultural topics, many of which will extend our understanding beyond the usual limits of clinical psychiatry. The Scientific Program Committee invites the lecturers. Award lectures are selected by the various APA Award Boards and/or Councils. All award lecturers are approved by the Board of Trustees.

NEW RESEARCH

This format allows for presentation of very recent findings. Posters, which are visual, are self-explanatory presentations. Two poster sessions on Monday will be designated as Young Investigators' Poster Sessions, which will contain poster presentations from young investigators, residents, medical students, and research or clinical fellows.

SCIENTIFIC AND CLINICAL REPORTS

Scientific and Clinical Reports are oral presentations of papers prepared for submission before publication. In this 90-minute format, reports are grouped by topic, with discussion from the audience following the presentation of each paper. There is no formal discussant.

SEMINARS

Seminars are designed to emphasize in-depth learning experiences that actively involve participants and include the opportunity for informal exchange with the presenters. Offered in four-hour (half-day) sessions, seminars either review basic concepts in a special subject area or present advanced material on a circumscribed topic.

SMALL INTERACTIVE SESSIONS

This 90-minute format allows small groups to meet informally with either selected experts in psychiatry to discuss topics chosen by the expert; to obtain consultations for problems in research from senior researchers; or utilize clinical material offered by the attendee and hear, clinically-based seminars presented by outstanding educators. Small Interactive Sessions are reserved for residents only. These sessions are limited to 25 attendees on a first-come, first-served basis.

SYMPOSIA (INDUSTRY-SUPPORTED AND PRESIDENTIAL)

Symposia are three-hour sessions consisting of four to six presentations that are thematically linked and focus on a specific topic relevant to clinical psychiatry. They are designed to provide comprehensive treatment on a topic or discussion of the topic from several points of view by the participants and stimulate discussion with the audience. Some symposia are supported by industry and are designated as Industry-Supported Symposia in this Program Book.

WORKSHOPS (MEDIA)

Workshops are 90-minute sessions, which typically involve brief presentations from individual panel members, followed by the opportunity for lively and informative discussion. This format provides for substantial audience participation and should be highly interactive. Media Workshops are three-hour sessions where a feature-length film is shown and discussed.

American Psychiatric Foundation

We hope you will experience Hawaii with us!

Annual Benefit Event
Monday, May 16, 2011 6:00 - 9:00 pm
Bishop Museum Gallery Lawns

Attendees will dine on fine cuisine while listening to live music and watching the pandanus trees dance in the ʻÔlauniu wind. The evening's program also includes the presentation of the Awards for Advancing Minority Mental Health. Not only will you have a fabulous evening experiencing the ambiance of the Hawaiian outdoors, but purchasing a ticket means you'll be doing good. Event proceeds support the work of the foundation including grants, programs, research funding, and awards that advance public understanding that mental illnesses are real and treatable. Tickets cost $150 and are available at the APF booth in the Exhibit Hall, and will also be for sale at the door.

Conversations featuring Lorrainne Bracco
Tuesday, May 17, 2011 3:00 - 4:00 pm
Kalakuna Ballroom, Level 4, Hawai'i Convention Center

The American Psychiatric Foundation's 10th *Conversations* event at the APA Annual Meeting will feature actress Lorraine Bracco. This annual event highlights well-known personalities with personal stories of mental illness. Bracco, famous, in part, for playing the role of psychiatrist Dr. Jennifer Melfi on the HBO television series, *The Sopranos*, has faced depression in her life. In 2006, Bracco began sharing her story of depression by including her experiences in her book, *On the Couch*. During the hour long interview, she will share her intimate story of her fight, and success over, mental illness.

Conversations is free to all APA Annual Meeting attendees.

"Conversations" is supported by a charitable contribution from AstraZeneca to the American Psychiatric Foundation

DAILY LOG FOR ATTENDANCE AT CME SESSIONS

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MAY 14-18, 2011 • HONOLULU, HI

! This form is **for your records** and not for submission. Use this page to keep track of your attendance. Reporting is on an honor basis, claim one credit for each hour of participation.

! All scientific sessions listed in the Annual Meeting **Program Book** are designated for **AMA PRA Category 1 Credits™**, except for New Research Poster Sessions.

DATE, HOURS	TITLE OF SESSION	# OF HOURS
	TOTAL	

SATURDAY

A.M. 7

A.M. 8

Program changes are printed each day in the **Daily Bulletin** which can be picked up in the Hawaii Convention Center. A mobile application will also be available.

7:00 A.M. SESSIONS

SCIENTIFIC AND CLINICAL REPORTS: SESSIONS 1-3

SCR 1

7:00 A.M. – 8:30 A.M.
Room 310 Lili' U Theater, Level 3
Hawaii Convention Center

Anxiety Disorders 1 3

Chairs:
Britta Ostermeyer, M.D.
Jerald Block, M.D.

1. **Long-Term and Withdrawal Phase of Treatment of Panic Disorder With Clonazepam or Paroxetine: A Randomized Naturalistic Study**
   Antonio E. Nardi, M.D., Ph.D.

2. **The Abnormalities of Myelin Integrity in OCD: A MultiParameter Diffusion Tensor Imaging Study**
   Qing Fan, M.D., Ph.D.

3. **A Longitudinal Investigation of the Role of SelfMedication in the Development of Comorbid Anxiety and Substance Use Disorders**
   Jennifer A. Robinson, M.A.

4. **Predictors of Treatment Response in Canadian Combat and Peacekeeping Veterans With Military-Related PTSD**
   J. Don Richardson, M.D.

SCR 2

7:00 A.M. – 8:30 A.M.
Room 318A/B, Level 3
Hawaii Convention Center

Biological Psychiatry & Neuroscience

Chair:
Meera Vaswami, M.D.

5. **Neurological Underpinnings of Food Intake, Energy Balance, and Obesity: Implications for Psychiatrists Treating Patients With Atypical Antipsychotics** 3
   Sandhya Narayanan, M.A.

6. **Postmortem Dopamine Abnormalities in Human Cocaine Users: New Targets for In Vivo Imaging and Therapeutic Interventions**
   Karley Y. Little, M.D.

7. **Integrating Neuroscience Advances Into Clinical Psychiatric Practice**
   David J. Hellerstein, M.D.

SCR3

7:00 A.M. – 8:30 A.M.
Hibiscus Ballroom I, Second Floor
Ala Moana Hotel

Child & Adolescent Psychiatry 1

Chair:
Christopher Rodgman, M.D.

8. **Genetic Evidence in Autism: A Review of the Literature**
   Felicia Iftene, M.D., Ph.D.

9. **Comparison of Face Recognition in Non-Affected Siblings of Autistic Children and Normal Group**
   Zahra Z. Shahrivar, M.D.

10. **Cortical Thickness Correlates of Attention Problems in a Large-Scale Representative Cohort of 4- to 18-Year-Old Healthy Children Without ADHD**
    Simon Ducharme, M.D.

11. **Psychodynamic Profile of Diabetic Adolescent Patients**
    Hani Hamed Dessoki, M.D.

WORKSHOPS

WORKSHOP 1

7:00 A.M. – 8:30 A.M.
Room 321A, Level 3
Hawaii Convention Center

Supervision: The Slippery Slope, Teacher? Mentor? Police? Therapist?

Chair:
Yener A. Balan, M.D.

Presenter(s):
Malkah T. Notman, M.D.
David W. Preven, M.D.
Rika Suzuki, M.D.

WORKSHOP 2

7:00 A.M. – 8:30 A.M.
Room 321B, Level 3
Hawaii Convention Center

Recognition, Diagnosis, and Treatment of the Workplace Mobbing Victim

Chair:
James R. Hillard, M.D.

WORKSHOP 3

7:00 A.M. – 8:30 A.M.
Room 322A, Level 3
Hawaii Convention Center

Pan-Pacific Perspectives on Asians/Pacific Islanders, Substance Abuse, and Their Treatment

Chair:
John W. Tsuang, M.D.

Presenter(s):
Chih-Ken Chen, M.D., Ph.D.
Kazufumi Akiyama, M.D., Ph.D.
John W. Tsuang, M.D.
Chiao-Chicy Chen, M.D., Ph.D.
Christopher K. Chung, M.D.
Shih-Ku Lin, M.D.

WORKSHOP 4

7:00 A.M. – 8:30 A.M.
Room 322B, Level 3
Hawaii Convention Center

Applications and Lessons Learned From the HIV Psychiatry Liaison Experience for General Psychiatrists

Chair:
Philip A. Bialer, M.D.

Presenter(s):
Mary Ann Cohen, M.D.
Kenneth Ashley, M.D.

WORKSHOP 5

7:00 A.M. – 8:30 A.M.
Room 326A, Level 3
Hawaii Convention Center

Maintenance of Certification: Lessons From the Trenches

Chair:
Annette M. Matthews, M.D.

Presenter(s):
Annette M. Matthews, M.D.
Mary Lu, M.D.
Melissa Buboltz, M.D.
Victor I. Reus, M.D.
Sahana Misra, M.D.

WORKSHOP 6

7:00 A.M. – 8:30 A.M.
Room 326B, Level 3
Hawaii Convention Center

Helping Patients Who Drink Too Much: Using the NIAAA Clinician's Guide
National Institute on Alcohol Abuse & Alcoholism

Chair:
Robert B. Huebner, Ph.D.

Presenter(s):
Mark Willenbring, M.D.

COURSES

Course Descriptions are available in the **Course Brochure**. You can pick up a **Course Brochure** and purchase a course ticket in the Course Enrollment Area located in Exhibit Hall, Lobby, Level 1, Hawaii Convention Center. Admission to all courses, including Master Courses is by ticket only.

COURSE 1

7:00 A.M. – 11:00 A.M.
Room 325A, Level 3
Hawaii Convention Center

Motivation and Change: The Theory and Practice of Motivational Interviewing
APA Council on Adult Psychiatry

Co-Directors:
Petros Levounis, M.D.
Bachaar Arnaout, M.D.

Faculty:
Stephen Ross, M.D.
Edward V. Nunes, M.D.
Christopher Welsh, M.D.
Paul J. Rinaldi, Ph.D.
Ramon Solhkhah, M.D.
Marianne T. Guschwan, M.D.

SEMINARS

Session requires pre-registration and ticket for admission.

SEMINAR 1

7:00 A.M. – 2:00 P.M.
Room 319A/B, Level 3
Hawaii Convention Center

The International Medical Graduate Institute

Director:
Jacob E. Sperber, M.D.

Faculty:
Jacob E. Sperber, M.D.
Peter F. Buckley, M.D.
Mantosh J. Dewan, M.D.
Damir Huremovic, M.D., M.P.P.
Joan M. Anzia, M.D.
Priyanthy Weerasekera, M.D., M.Ed.
John Manring, M.D.
Milton Kramer, M.D.
Antony Ferandez, M.D.
Rama Rao Gogineni, M.D.
Ramotse Saunders, M.D.

SEMINAR 2

7:00 A.M. – 11:00 A.M.
Room 325B, Level 3
Hawaii Convention Center

Seeing the Forest and the Trees: An Approach to Biopsychosocial Formulation

Director:
William H. Campbell, M.D., M.B.A.

COURSES

COURSE 2

7:00 A.M. – 2:00 P.M.
Room 309, Level 3
Hawaii Convention Center
Mindfulness: Practical Applications for Psychiatry

Director:
Susan E. Abbey, M.D.

COURSE 3

7:00 A.M. – 2:00 P.M.
Room 324, Level 3
Hawaii Convention Center

Adult Sexual Love and Infidelity 4

Director:
Stephen B. Levine, M.D.

COURSE 4

7:00 A.M. – 2:00 P.M.
Room 327, Level 3
Hawaii Convention Center

Kundalini Yoga Meditation for Anxiety Disorders Including OCD, Depression, ADHD, and PTSD 1

Director:
David Shannahoff Khalsa, B.A.

MASTER COURSES

MASTER COURSE 1

7:00 A.M. – 2:00 P.M.
Room 314, Level 3
Hawaii Convention Center

Update on Pediatric Psychopharmacology 3

Director:
Christopher J. Kratochvil, M.D.

Faculty:
Christopher J. Kratochvil, M.D.
Karen D. Wagner, M.D., Ph.D.
Christopher J. McDougle, M.D.
John T. Walkup, M.D.

8:00 A.M. SESSIONS

LECTURES

LECTURE 1

8:00 A.M. – 9:30 A.M.
Room 311, Level 3
Hawaii Convention Center

The Doctor I Need for the Health Care I Want
Distinguished Psychiatrist Lecture

Darrell G. Kirch, M.D.

Chair:
Carol A. Bernstein, M.D.

Co-Chair:
Andrew J. Rosenfeld, M.D.

BIO

Darrell G. Kirch, M.D., is president and CEO of the Association of American Medical Colleges, which represents the nation's medical schools, teaching hospitals, and academic societies. A member of the Institute of Medicine, Dr. Kirch is a distinguished physician, educator, and medical researcher. Before becoming AAMC president, Dr. Kirch served as Senior Vice President for Health Affairs, Dean of the College of Medicine, and CEO of the Milton S. Hershey Medical Center at The Pennsylvania State University. Before joining Penn State, Dr. Kirch served as dean and senior vice president for clinical activities at the Medical College of Georgia.

LECTURE 2

8:00 A.M. – 9:30 A.M.
Room 313A-C, Level 3
Hawaii Convention Center

Rethinking Mental Illness 6
Frontiers of Science Lecture
National Institute of Mental Health

Thomas R. Insel, M.D.

Chair:
Julio Licinio, M.D.

Co-Chair:
Helena Hansen, M.D., Ph.D.

SESSION TRACKS

1. Anxiety & Mood Disorders
2. Personality Disorders
3. Psychopharmacology
4. Psychotherapy
5. Schizophrenia and Other Psychotic Disorders
6. NIMH
7. DSM-5

8 A.M.

11 A.M.

BIO

Thomas R. Insel, M.D., is Director of the National Institute of Mental Health, the component of the National Institutes of Health charged with generating the knowledge needed to understand, treat, and prevent mental disorders. His tenure at NIMH has been distinguished by groundbreaking findings in the areas of practical clinical trials, autism research, and the role of genetics in mental illnesses. Prior to his appointment as NIMH Director, Dr. Insel was Professor of Psychiatry at Emory University. There, he was founding director of the Center for Behavioral Neuroscience and, concurrently, director of an NIH-funded Center for Autism Research. He is a member of the Institute of Medicine and is a recipient of the Outstanding Service Award from the U.S. Public Health Service.

ADVANCES IN MEDICINE

ADVANCES IN MEDICINE 1

8:00 A.M. – 11:00 A.M.
Room 323A-C, Level 3
Hawaii Convention Center

Medical Mysteries and Practical Med Psych Updates: Is It "Medical," "Psychiatric," or a Little of Both?

Chair:
Robert M. McCarron, D.O.

Presenters:
Glen L. Xiong, M.D.
Jane Gagliardi, M.D.
Jaesu Han, M.D.
Chris Kenedi, M.D.

MEDIA WORKSHOP

MEDIA WORKSHOP 1

8:00 A.M. – 11:00 A.M.
Room 320, Emalani Theater, Level 3
Hawaii Convention Center

Cluster B Personality Disorders and the Neo-Noir Femme Fatale 2

Chair:
Scott Snyder, M.D.

SYMPOSIA

SYMPOSIUM 1

8:00 A.M. – 11:00 A.M.
Room 312, Level 3
Hawaii Convention Center

Scope, Current Evidence, and Innovative Approaches in Managing PTSD in the Military 1 7
American Psychiatric Institute for Research & Education

Chair:
Darrel A. Regier, M.D.

Discussant:
Matthew J. Friedman, M.D., Ph.D.

1. **Epidemiology and Treatment of PTSD Associated With Combat: A Critical Look at the Evidence**
   Charles W. Hoge, M.D.
2. **Pharmacotherapy for PTSD**
   David M. Benedek, M.D.
3. **Understanding the Evidence on Evidence-Based Psychotherapy for PTSD**
   Paula Schnurr, Ph.D.
4. **Mental Health Services Delivery in Primary Care**
   Edward Post, M.D.
5. **Re-Engineering Systems of Primary Care Treatment for PTSD and Depression in the U.S. Military: Program Description and Implementation**
   Charles Engel, M.D., M.P.H.
6. **DoD/APIRE PTSD Care Dissemination Project Update**
   Farifteh F. Duffy, Ph.D.

SYMPOSIUM 2

8:00 A.M. – 11:00 A.M.
Room 316A, Level 3
Hawaii Convention Center

Therapeutic and Research Implications of Dissociation in PTSD: A Gap in Our Awareness? 1

Chairs:
Eric Vermetten, M.D., Ph.D.
Lanius A. Ruth, M.D., Ph.D.

1. **Historical Overview of Traumatic Dissociation in Psychotraumatology**
   Eric Vermetten, M.D., Ph.D.
2. **The Diagnostic Domain of Dissociative Symptoms: Assessment in the Context of a Dissociative Subtype of PTSD**
   Richard J. Loewenstein, M.D.
3. **The Theoretical and Statistical Differentiation of Fantasy and Trauma Models of Dissociation**
   Constance J. Dalenberg, Ph.D.
4. **Emotion Dysregulation in PTSD: Evidence for a Dissociative Subtype**
   Lanius A. Ruth, M.D., Ph.D.
5. **Dissociation in *DSM-5* ASD and PTSD**
   David Spiegel, M.D.

SYMPOSIUM 3

8:00 A.M. – 11:00 A.M.
Room 316C, Level 3
Hawaii Convention Center

Understanding the Risk of Suicide Associated With Recent Discharge

Chair:
Paul S. Links, M.D.

Discussant:
Donald W. Black, M.D.

1. **Prospective Risk Factors for Suicide Ideation and Behavior in Recently Discharged Patients**
   Paul S. Links, M.D.
2. **Understanding the Risks of Recent Discharge: The Phenomenological Lived Experiences**
   John R. Cutcliffe, Ph.D., B.S.C.
3. **Is Research With Suicidal Participants Risky Business?**
   Jesmin Antony, M.S.
4. **Suicide Risk Associated With Recent Discharge: Moving from Models to Intervention**
   Ken Balderson, M.D., B.S.C.

SYMPOSIUM 4

8:00 A.M. – 11:00 A.M.
Room 317A/B, Level 3,
Hawaii Convention Center

Brain Mechanisms and Neuropsychiatry in Smoking Cessation

Chairs:
Geetha Subramaniam, M.D.
Steven Grant, Ph.D.

Discussant:
Tony P. George, M.D.

1. **Brain Functional Magnetic Resonance Imaging (fMRI) Reactivity and Attentional Bias in Tobacco Abstinence**
   Amy Janes, Ph.D.
2. **Impulsivity in Smoking Cessation**
   Richard Yi, Ph.D.
3. **Naltrexone in Supplementing Nicotine Replacement Therapy for Smokers**
   Benjamin Toll, Ph.D.

4. **Behavior Activation in Depressed Smokers Receiving Nicotine Replacement Therapy**
Laura MacPherson, Ph.D.

9:00 A.M. SESSIONS
SCIENTIFIC AND CLINICAL REPORTS: SESSIONS 4-6

SCR 4
9:00 A.M. – 10:30 A.M.
Room 310 Lili' U Theater, Level 3
Hawaii Convention Center

Cognitive Disorders

Chairs:
Iqbal Ahmed, M.D.
Julienne Ong Aulwes, M.D.

12. **Comparison of Montreal Cognitive Assessment (MoCA) and Mini-Mental State Examination (MMSE) in Identifying Cognitive Deficits in Mood Disorders**
Neha Jain, M.D.

13. **Addressing Patients Needs I: Feelings of Loneliness But Not Social Isolation Predict Incident Dementia in Older Persons**
Tjalling Holwerda, M.D.

14. **WITHDRAWN**

15. **WITHDRAWN**

SCR 5
9:00 A.M. – 10:30 A.M.
Room 318A/B, Level 3
Hawaii Convention Center

Cross-Cultural and Minority Issues

Chair:
Christopher Rodgman, M.D.

16. **Traditional and Alternative Healers: Prevalence of Use in Psychiatric Patients**
Zukiswa Z. Zingela, M.B.B.S, M.Med.

17. **A Follow-Up Study of Risk and Protective Factors Influencing Posttraumatic Stress Reactions in Sierra Leonean Former Child Soldiers** 1
Theresa Betancourt, Sc.D., M.A.

18. **Motives for Khat Use and Abstinence in Yemen: A Gender Perspective**
Felix R. Wedegaertner, M.D., M.P.H.

19. **Investigating A Decade of Psychiatric Research in the Arab Gulf Region**
Ossama T. Osman, M.D., M.B.A.

SCR 6
9:00 A.M. – 10:30 A.M.
Hibiscus Ballroom I, Second Floor
Ala Moana Hotel

Epidemiology

Chairs:
Jerald Block, M.D.
Derya Akbiyik, M.D.

20. **Psychiatric Comorbidity and Suicidal Ideation Associated With PTSD in the Baseline Sample of 2,616 Soldiers in the Ohio Army National Guard** 1
Joseph R. Calabrese, M.D.

21. **Sex Differences in Work Stress in a Representative Sample of the Canadian Forces**
Natalie Mota, M.A.

22. **Association Among Traumatic Experiences With Physical Health Conditions in a Nationally Representative Sample**
M. Natalie Husarewycz, M.D.

23. **UnderRecognition and Under-Treatment of Depressed Chinese Americans in Primary Care**
Albert Yeung, M.D., Sc.D.

WORKSHOPS

WORKSHOP 7
9:00 A.M. – 10:30 A.M.
Room 321A, Level 3
Hawaii Convention Center

Children of Psychiatrists

Chairs:
Michelle B. Riba, M.D., M.S.
Leah J. Dickstein, M.D., M.A.

Presenter(s):
Erica Riba

WORKSHOP 8
9:00 A.M. – 10:30 A.M.
Room 321B, Level 3
Hawaii Convention Center

Introduction to the Evaluation of the Pain Patient

Chairs:
Manu Mathews, M.D.
Ed C. Covington, M.D.

WORKSHOP 9
9:00 A.M. – 10:30 A.M.
Room 322A, Level 3
Hawaii Convention Center

Electronic Health Records: Taking the Plunge
The APA Committee on Electronic Health Records

Chairs:
Robert M. Plovnick, M.D., M.S.
Laura J. Fochtmann, M.D.

WORKSHOP 10
9:00 A.M. – 10:30 A.M.
Room 322B, Level 3
Hawaii Convention Center

The Tumultuous Marriage of Psychiatry and Religion and the Birth of the Biopsychosociospiritual Formulation
APA/SAMHSA Minority Fellows

Chairs:
Amelia K. Villagomez, M.D.
Billina R. Shaw, M.D.

Presenter(s):
Nicole M. King, M.D.
Crystal R. Bullard, M.D.
Ranjan Avasthi, M.D.
Mabel Onwuka, M.D.

WORKSHOP 11
9:00 A.M. – 10:30 A.M.
Room 326A, Level 3
Hawaii Convention Center

The New York State OMH SHAPEMEDs Project: Creating and Implementing an Antipsychotic Prescribing Care Pathway Via Public-Academic Partnership 3 5

Chairs:
Sharat Parameswaran, M.D.
Matthew Erlich, M.D.

Presenter(s):
Lloyd I. Sederer, M.D.
Jeffrey A. Lieberman, M.D.
Gregory A. Miller, M.D., M.B.A.

WORKSHOP 12
9:00 A.M. – 10:30 A.M.
Room 326B, Level 3,
Hawaii Convention Center

SESSION TRACKS
1. Anxiety & Mood Disorders
2. Personality Disorders
3. Psychopharmacology
4. Psychotherapy
5. Schizophrenia and Other Psychotic Disorders
6. NIMH
7. DSM-5

A.M. 10

P.M. 12

Mood and Menopause: A Closer Look Into Diagnostic and Treatment Perspectives 1

Chair:
Claudio N. Soares, M.D., Ph.D.

Presenter(s):
Benicio N. Frey, M.D., Ph.D.
Joyce Bromberger, Ph.D.
Pauline Maki, Ph.D.

10:00 A.M. SESSIONS

LECTURES
LECTURE 3
10:00 A.M. – 11:30 A.M.
Room 311, Level 3
Hawaii Convention Center

American Exceptionalism and National Identity: Can We All Just Grow Up?

Distinguished Psychiatrist Lecture

Loree K. Sutton, M.D.

Chair:
Carolyn B. Robinowitz, M.D.

Co-Chair:
Tresha A Gibbs, M.D.

BIO

Loree K. Sutton, M.D., is Retired Army Brigadier General and was Founding Director of the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury while concurrently serving as Special Assistant to the Assistant Secretary of Defense for Health Affairs. She has more than 20 years of leadership experience encompassing a diverse mix of domains, including civilian and military, combat and peacekeeping, command and staff, clinical and academic, and public policy, education, and training. Sutton has focused on community-based approaches to building resiliency, maximizing recovery, and fostering reintegration in support of our nation's soldiers and their loved ones. She remains passionately devoted to the public health challenge of leading sustainable cultural change and advocating strength-based and trauma-informed approaches to leadership, based upon emerging advances in neuroscience.

LECTURE 4
10:00 A.M. – 11:30 A.M.
Room 313A-C, Level 3
Hawaii Convention Center

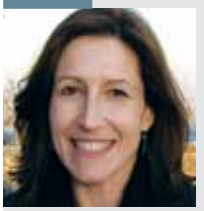
Spies and Lies: Cold War Psychiatry and the CIA

Benjamin Rush Award Lecture

Andrea Tone, Ph.D.

Chair:
Nada L. Stotland, M.D., M.P.H.

BIO



Andrea Tone, Ph.D., holds the Canada Research Chair in the Social History of Medicine. A Professor of History, she holds joint appointments in the Department of Social Studies of Medicine and the Department of History at McGill University. Her scholarship explores women and health, medical technology, sexuality, psychiatry, and industry, particularly the intersection between patient experience, cultural contexts, and technological and economic change in nineteenth and twentieth-century America. She is currently working on a project funded by a grant from the Canadian Institutes of Health Research on the CIA and Cold War psychiatry. Her work has been featured on ABC News, PBS, and National Public Radio.

NEW RESEARCH POSTER: SESSION 1

RESIDENT POSTER SESSION 1
10:00 A.M.-11:30 A.M.
Exhibit Hall

11:00 A.M. SESSIONS

SCIENTIFIC AND CLINICAL REPORTS: SESSIONS 7-9
SCR 7
11:00 A.M. – 12:30 P.M.
Room 310 Lili' U Theater, Level 3
Hawaii Convention Center

Forensic Psychiatry

SESSION TRACKS

1. Anxiety & Mood Disorders
2. Personality Disorders
3. Psychopharmacology
4. Psychotherapy
5. Schizophrenia and Other Psychotic Disorders
6. NIMH
7. DSM-5

Chair:
Christopher Rodgman, M.D.

24. **AMA VI Psychiatric Impairment Assessment: Is It Valid?**
Gordon R. Davies, M.B., D.P.M.

25. **Ethical and Clinical Aspects of Pretrial Forced Nasogastric Administration of Medication**
William D. Richie, M.D.

26. **Women, Malingering, and the SIRS: Gender Differences in the Structured Interview of Reported Symptoms**
Jessica Ferranti, M.D.

SCR 8
11:00 A.M. – 12:30 P.M.
Room 318A/B, Level 3
Hawaii Convention Center

Schizophrenia and Other Psychotic Disorders 1 5

Chair:
Robert Caudill, M.D.

27. **Affective Deficits in Schizophrenia Revisited: The Role of Ambivalence and Alexithymia**
Fabien Tremeau, M.D.

28. **Current Prescribing Practices: Antidepressant Use in Schizophrenia**
Megan J. Ehret, Pharm.D.

29. **Does Social Support Prevent Relapse and Rehospitalization in Early Onset Schizophrenia? Results From the Lambeth Early Onset Study**
Raymond Tempier, M.D., M.S.C.

SCR 9
11:00 A.M. – 12:30 P.M.
Hibiscus Ballroom I, Second Floor
Ala Moana Hotel

Health Services Research 3 5

Chair:
Donald Hilty, M.D.

30. **Partial Hospitalization Program (PHP) for Adults in Psychiatric Distress: Predictors and Characteristics of Clinical Response**
Deshmukh Parikshit, M.D.

31. **Impact of a Comprehensive Crisis Response Team on Utilization of Hospital and Emergency Services**
Deepika Sabnis, M.D.

32. **Two Implementation Models for Integration of Physical Health Into a Behavior Health Setting for Patients With Severe and Persistent Mental Illness**
Shula Minsky, Ed.D.

A.M. 11

P.M. 3

33. Cancer Treatment for People With Mental Illness: A Systematic Review of the Literature
Simha E. Ravven, M.D.

WORKSHOPS
WORKSHOP 13
11:00 A.M. – 12:30 P.M.
Room 321A, Level 3
Hawaii Convention Center

Emergency Psychiatry: A Global Perspective
American Association for Emergency Psychiatry

Chairs:
Rachel L. Glick, M.D.
Julien J. C. de Carvalho, M.D.

Presenter(s):
Mitsuru Suzuki, M.D., Ph.D.
Andres Rousseaux, M.D.
Yutaka Sawa, Ph.D.

WORKSHOP 14
11:00 A.M. – 12:30 P.M.
Room 321B, Level 3
Hawaii Convention Center

American Board of Psychiatry and Neurology Update: Certification in Psychiatry and Its Subspecialties

Chairs:
Larry R. Faulkner, M.D.
Victor I. Reus, M.D.

WORKSHOP 15
11:00 A.M. – 12:30 P.M.
Room 322A, Level 3
Hawaii Convention Center

Promises and Problems in Compensation and Pension Examinations for Veterans

Chair:
Jagannathan Srinivasaraghavan, M.D.

Presenter(s):
Antony Fernandez, M.D.
Rudra Prakash, M.D.

WORKSHOP 16
11:00 A.M. – 12:30 P.M.
Room 322B, Level 3
Hawaii Convention Center

Caring for the Caregiver: The "Hidden" Patient

Chair:
Amita R. Patel, M.D.

Presenter(s):
Sanjay Vaswani, M.D.

WORKSHOP 17
11:00 A.M. – 12:30 P.M.
Room 326A, Level 3
Hawaii Convention Center

Presurgical Psychiatric Evaluation of Patients Seeking Bariatric Surgery

Chair:
Zubeida Z. Mahomedy, M.D., M.Med.

WORKSHOP 18
11:00 A.M. – 12:30 P.M.
Room 326B, Level 3
Hawaii Convention Center

Polypharmacy in Schizophrenia: To Be or Not to Be! 3 5

Chairs:
Durga Bestha, M.B.B.S.
Vishal Madaan, M.D.

Presenter(s):
Jayakrishna Madabushi, M.B.B.S, M.D.

NOON SESSIONS
LECTURE
LECTURE 5
NOON 1:30 P.M.
Room 311, Level 3
Hawaii Convention Center

Forty Years Since John Fryer: That was Then; This is Now.
John Fryer Award Lecture

The Right Reverend V. Gene Robinson, D.Min.

Chairs:
Ellen Haller, M.D.
Ubaldo Leli, M.D.

BIO

The Right Reverend V. Gene Robinson, D.Min., is Bishop of the Episcopal Diocese of New Hampshire. Bishop Robinson completed the M.Div. degree at the General Theological Seminary in New York. Coauthor of three AIDS curricula for youth and adults, he has done AIDS work in the United States and in Africa. He is an advocate for antiracism training in the diocese and has been active in the area of full civil rights for gay, lesbian, bisexual, and transgender people. He was invited by Barack Obama to give the invocation at the opening inaugural ceremonies on January 18, 2009 and is the subject of a documentary film "The Truth Will Set You Free."

MEDIA WORKSHOP
MEDIA WORKSHOP 2
NOON – 3:00 P.M.
Room 320, Emalani Theater, Level 3
Hawaii Convention Center

Faith and Resilience: Carl Dreyer's "The Passion of Joan of Arc"

Chair:
Francis Lu, M.D.

PRESIDENTIAL SYMPOSIUM
PRESIDENTIAL SYMPOSIUM 1
NOON – 3:00 P.M.
Room 312, Level 3
Hawaii Convention Center

Teaching Psychodynamic Psychiatry in the Era of Neuroscience 4

Chair:
Carol C. Nadelson, M.D.

Discussant:
Carol A. Bernstein, M.D.

1. **Psychotherapy Teaching Strategies**
   Glen O. Gabbard, M.D.

2. **Management Versus Interpretation: Teaching Psychotherapy to Residents**
   Edward Robert Shapiro, M.D.

3. **Teaching Psychodynamic Psychotherapy: Programs in Boston and Cleveland**
   Malkah T. Notman, M.D., Norman Clemens, M.D.

4. **Learning Psychotherapy: The Experience of Psychiatry Residents**
   Michael Ferri, M.D.

SYMPOSIA
SYMPOSIUM 5
NOON – 3:00 P.M.
Room 315, Level 3
Hawaii Convention Center

Choosing the Right Treatment for Substance Abuse

Chair:
Herbert D. Kleber, M.D.

1. **Choosing the Right Treatment for Cocaine Dependence**
   Adam Bisaga, M.D.

2. **Choosing Treatment for Cannabis Dependence**
   Frances R. Levin, M.D.

3. **Combining Medications and Psychosocial Interventions in the Treatment of Substance Abuse**
   Edward V. Nunes, M.D.

NOON 12

P.M. 3

4. **Opioid Dependence: Agonist and Antagonist Treatment Options for Addiction**
Maria A. Sullivan, M.D., Ph.D.

5. **Detecting and Managing Sedative-Hypnotic and Stimulant Abuse**
John J. Mariani, M.D.

SYMPOSIUM 6
NOON – 3:00 P.M.
Room 316A, Level 3
Hawaii Convention Center

Health Care Reform and Mental Health Care Financing 6
National Institute of Mental Health

Chair:
Agnes E. Rupp, Ph.D.

Discussant:
Jurgen Unutzer, M.D., M.P.H

1. **Impact of Medicaid Prescription Cost-Containment Policies on Antipsychotic Medication Use Among Schizophrenia Patients**
Jalpa Doshi, Ph.D.

2. **Medicare Part D's Coverage Gap and Depression**
Yuting Zhang, M.S., Ph.D.

3. **Measuring Quality Adjusted Life-Years for Economic Evaluations of Treatment Services for Children With Autism**
J. Mick Tilford, Ph.D.

4. **Reducing Disparities in Mental Health Expenditures Among Children in the Child Welfare System**
Ramesh Raghavan, M.D., Ph.D., Derek S. Brown, Ph.D.

SYMPOSIUM 7
NOON – 3:00 P.M.
Room 317A/B, Level 3
Hawaii Convention Center

Mood Disorders Across the Lifespan: Implications for *DSM-5* 1 7
American Psychiatric Institute for Research and Education

Chairs:
Darrel A. Regier, M.D., M.P.H.
David J. Kupfer, M.D.

1. **Mood Disorders Across the Lifespan: Implications for *DSM-5***
David Shaffer, M.D.

2. **Young Adulthood: Prime Time for Onset of Bipolar Disorder**
Ellen Frank, Ph.D.

3. **Adult Major Depressive Disorder and the Bereavement Exclusion**
Sidney Zisook, M.D.

4. **The Prognostic Importance of Anxiety Symptoms in Unipolar and Bipolar Depressive Episodes**
William Coryell, M.D.

5. **The Origins and Presentation of Depression in Later Life: A Review**
Dan G. Blazer, M.D., Ph.D.

1:00 P.M. SESSIONS

FORUM
FORUM 1
1:00 P.M. – 2:30 P.M.
Room 318A/B, Level 3
Hawaii Convention Center

Kahoolawe: Healing a Violently Traumatized Culture

Chair:
Naleen N. Andrade, M.D.

Presenter(s):
Naleen N. Andrade, M.D.
Earl Hishinuma, Ph.D.
Deborah Goebert, Ph.D.

SCIENTIFIC AND CLINICAL REPORTS: SESSION 10
SCR 10
1:00 P.M. – 2:30 P.M.
Hibiscus Ballroom I, Second Floor
Ala Moana Hotel

Mood Disorders 1 1 3

Chairs:
Iqbal Ahmed, M.D.
Rika Suzuki, M.D.

34. **Large-Scale Depression Screening in Primary Care: Unexpected Benefits**
Gabrielle F. Beaubrun, M.D.

35. **Addressing Patients Needs III: Community Mental Health Care for Nonpsychotic Chronic Patients**
Berno van Meijel, R.N., Ph.D.

36. **Study Design Features Affecting Outcome in Antidepressant Trials**
Florian Seemüller, M.D.

WORKSHOPS
WORKSHOP 19
1:00 P.M. – 2:30 P.M.
Room 310 Lili' U Theater, Level 3
Hawaii Convention Center

The Kaona of Hula

Chair:
Nanette H. Orman, M.D.

WORKSHOP 20
1:00 P.M. – 2:30 P.M.
Room 321A, Level 3
Hawaii Convention Center

Stress Management for Resilient Women in Psychiatry: In Tribute to Tana Grady-Weliky, M.D.
Association of Women Psychiatrists

Chair:
Mary Kay Smith, M.D.

Presenter(s):
Eva Szigethy, M.D., Ph.D.
Toi Harris, M.D.
Patricia I. Ordorica, M.D.

WORKSHOP 21
WITHDRAWN

WORKSHOP 22
1:00 P.M. – 2:30 P.M.
Room 322A, Level 3
Hawaii Convention Center

Multiple Perspectives on Overcoming Challenges to Cognitive Behavior Therapy Training for Psychiatry Residents

Chairs:
Vicki Gluhoski, Ph.D.
Hulya M. Erhan, Ph.D.

Presenter(s):
Anne Buchanan, D.O.
David M. Roane, M.D.
Donna M. Sudak, M.D.

WORKSHOP 23
1:00 P.M. – 2:30 P.M.
Room 322B, Level 3
Hawaii Convention Center

All in the Gay Family—Lesbian and Gay Families: Past, Present, and Future

Chair:
Kenneth Ashley, M.D.

SESSION TRACKS
1 Anxiety & Mood Disorders
2 Personality Disorders
3 Psychopharmacology
4 Psychotherapy
5 Schizophrenia and Other Psychotic Disorders
6 NIMH
7 DSM-5

Presenter(s):
Littal Melnik, M.D.
Daniel Medeiros, M.D.
Eric Yarbrough, M.D.
Shelly Cohen, M.D., J.D.
Lorraine Lothringer, M.D.

WORKSHOP 24
1:00 P.M. – 2:30 P.M.
Room 323A-C, Level 3
Hawaii Convention Center

Psychiatric Symptoms in Patients With Parkinson's Disease

Chairs:
Mateusz Zurowski, M.D.
Andrew Howard, M.D.

WORKSHOP 25
1:00 P.M. – 2:30 P.M.
Room 325A, Level 3
Hawaii Convention Center

Translating Expert Opinion Into Strong Recommendations: New APA Practice Guidelines on Psychiatric Management

APA Steering Committee on Practice Guidelines

Chair:
Joel Yager, M.D.

Presenter(s):
Laura J. Fochtmann, M.D.

WORKSHOP 26
1:00 P.M. – 2:30 P.M.
Room 325B, Level 3
Hawaii Convention Center

Collaborating With Primary Care in the Disaster Setting: Clinical Issues for Psychiatrists

Chairs:
Catherine S. May, M.D.
Elspeth C. Ritchie, M.D., M.P.H.

Presenter(s):
David M. Benedek, M.D.
Brooke Parish, M.D.
Lorna K. Mayo, M.D., M.P.H.

WORKSHOP 27
1:00 P.M. – 2:30 P.M.
Room 326A, Level 3
Hawaii Convention Center

Treatment Challenges in Schizophrenia With Comorbid Conditions: Tailored Management

5

Chairs:
Michael Y. Hwang, M.D.
Henry A. Nasrallah, M.D.

Presenter(s):
Michael Y. Hwang, M.D.
Alec Roy, M.D.
Sun Young Yum, M.D.

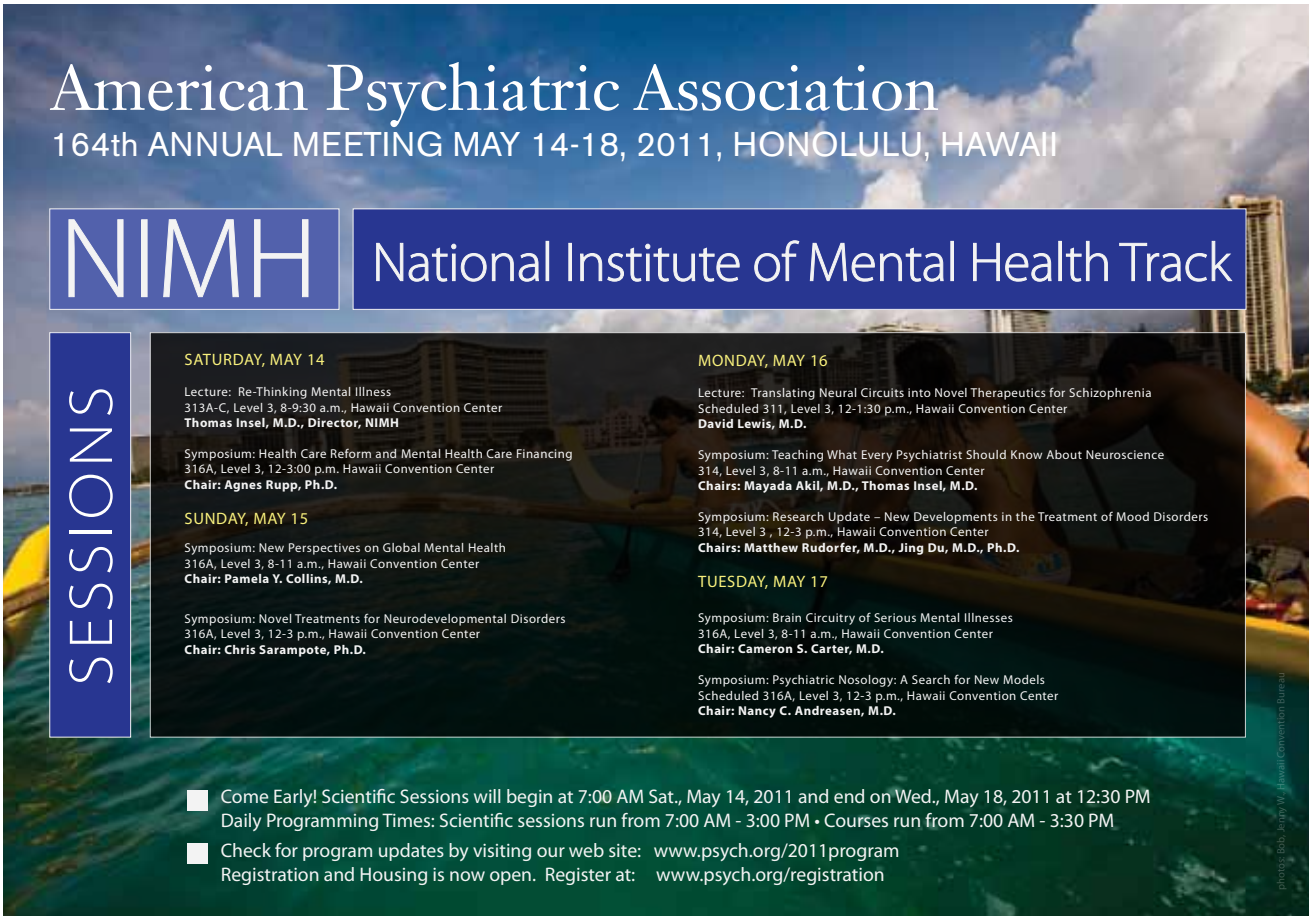
WORKSHOP 28
1:00 P.M. – 2:30 P.M.
Room 326B, Level 3
Hawaii Convention Center

Movement Disorders in Psychiatry: A Video Workshop

5

Chairs:
Peter N. Van Harten, M.D., Ph.D.
Hans W. Hoek, M.D., Ph.D.

NEW RESEARCH POSTER: SESSION 2
RESIDENT POSTER SESSION 2
1:00 P.M. – 3:00 P.M.
Exhibit Hall



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How do you obtain it?

Get your certificate in person or online.

To receive your certificate in person:

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- Certificate of Credit for physicians
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Hours of Operation:

Saturday	May 14	11am–3:00pm
Sunday	May 15	6:30am–3:00pm
Monday	May 16	6:30am–3:00pm
Tuesday	May 17	6:30am–3:00pm
Wednesday	May 18	6:30am–3:00pm

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Accreditation & Designation

The American Psychiatric Association (APA) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

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The scientific program offers a variety of sessions that meet the criteria for *AMA PRA Category 1 Credit™*.

For questions, contact the American Psychiatric Association Department of CME

E-mail: educme@psych.org

SUNDAY

Program changes are printed each day in the **Daily Bulletin** which can be picked up in the Hawaii Convention Center. A mobile application will also be available.

6:30 A.M. SESSIONS

COURSES

Please note that some courses may appear out of sequence. This is due to changes made in the course length after registration opened.

COURSE 13
6:30 A.M. – 3:30 P.M.
Tapa Ballroom II, Tapa Conference Center
Hilton Hawaiian Village Hotel

Office-Based Buprenorphine Treatment of Opioid-Dependent Patients

Director:
Petros Levounis, M.D., M.A.

Faculty:
John A. Renner, M.D.
Andrew J. Saxon, M.D.

7:00 A.M. SESSIONS

SCIENTIFIC AND CLINICAL REPORTS: SESSIONS 11-14

SCR 11
7:00 A.M. – 8:30 A.M.
Room 318A/B, Level 3
Hawaii Convention Center

Personality Disorders 1 (2)

Chair: David Preven, M.D.

37. Reasons for Self-Mutilation Reported by Borderline Patients Over 16 Years of Prospective Follow-Up
Mary C. Zanarini, Ed.D.

38. Structural Brain Abnormalities and Suicidal Behavior in BPD
Paul H. Soloff, M.D.

39. Affective Lability in BPD and Bipolar Disorder
D. Bradford Reich, M.D.

40. The Course of Dysphoric Affective and Cognitive States in BPD: A 10-Year Follow-Up Study
Lawrence I. Reed, Ph.D.

SCR 12
7:00 A.M. – 8:30 A.M.
Room 319A/B, Level 3
Hawaii Convention Center

Psychopharmacology 1 (2) (3) (5)

Chair:
Elias Shaya, M.D.

41. Current Prescribing Practices: Antipsychotic Use in Children and Adolescents
Michael C. Stevens, Ph.D.

42. Patterns of Antipsychotic Use in Hospitalized Psychiatric Patients
Bonnie L. Szarek, R.N.

43. Tolerability and Sensitivity of Patients With Bipolar Depression, Major Depression, and GAD to Atypical Antipsychotics
Keming Gao, M.D., Ph.D.

SCR 13
7:00 A.M. – 8:30 A.M.
Hibiscus Ballroom I, Second Floor
Ala Moana Hotel

Social and Community Psychiatry (1) (3)

Chairs:
Britta Ostermeyer, M.D.
Derya Akbiyik, M.D.

44. The Effectiveness of the NAMI Family to Family Education Program: A Randomized Trial
Lisa Dixon, M.D.

45. Small Town and Gown: Telepsychiatry Collaborations Between Rural Community Mental Health Centers and an Academic Medical Center
Robert L. Caudill, M.D.

46. Domestic Violence in a Sample of Egyptian Female Psychiatric Patients: A Pilot Study
Hani Hamed Dessoki, M.D.

47. Unemployment and the Psychiatric Emergency Service in a County of 800,000
Tracy Lo, M.A.

SCR 14
7:00 A.M. – 8:30 A.M.
Hibiscus Ballroom II, Second Floor
Ala Moana Hotel

Stress (1)

Chair:
Jerald Block, M.D.

48. Sleep Disruption Among Returning Combat Veterans From Iraq and Afghanistan
Vincent F. Capaldi, M.D., M.S.

49. Stress is Visible: Objective Assessment of Stress Based on Multiple Cytokines in Plasma
Atsuo Sekiyama, M.D., Ph.D.

SESSION TRACKS
1 Anxiety & Mood Disorders
2 Personality Disorders
3 Psychopharmacology
4 Psychotherapy
5 Schizophrenia and Other Psychotic Disorders
6 NIMH
7 DSM-5

SMALL INTERACTIVE SESSION

Session requires pre-registration and ticket for admission.

SMALL INTERACTIVE SESSION 1
7:00 A.M. – 8:30 AM
Room 326A, Level 3
Hawaii Convention Center
RESIDENTS ONLY

Understanding the Person Behind the Illness: An Approach to Psychodynamic Formulation

Chair:
William H. Campbell, M.D., M.B.A.

WORKSHOPS

WORKSHOP 29
7:00 A.M. – 8:30 A.M.
Room 309, Level 3
Hawaii Convention Center

Unconscious Projections: The Portrayal of Psychiatry in Recent American Film

Chair:
Steven E. Pflanz, M.D.

WORKSHOP 30
7:00 A.M. – 8:30 A.M.
Room 321A, Level 3
Hawaii Convention Center

Psychotherapy Update for the Practicing Psychiatrist (4)

Chair:
Priyanthy Weerasekera, M.D., M.Ed.

WORKSHOP 31
7:00 A.M. – 8:30 A.M.
Room 321B, Level 3
Hawaii Convention Center

Neuroethical Dialogues: Consciousness, Responsibility, and Free Will in the Age of Brain Imaging

Chairs:
Carl Erik Fisher, M.D.
Paul S. Appelbaum, M.D.

WORKSHOP 32
7:00 A.M. – 8:30 A.M.
Room 322A, Level 3
Hawaii Convention Center

Addressing Substance Use and Mental Health Issues in Returning Iraq and Afghanistan Veterans: Challenges, Stigmas, and Effective Approaches 1

Chairs:
Michael M. Scimeca, M.D.
Felicity L. Laboy, Ph.D.

Presenter(s):
Eddie Marcano, M.P.S., M.S.W.

WORKSHOP 33
7:00 A.M. – 8:30 A.M.
Room 322B, Level 3
Hawaii Convention Center

Responding to the Impact of Suicide on Clinicians

Chair:
Eric M. Plakun, M.D.

Presenter(s):
Jane G. Tillman, Ph.D.
Edward Robert Shapiro, M.D.

WORKSHOP 34
7:00 A.M. – 8:30 A.M.
Room 325A, Level 3
Hawaii Convention Center

Neurofunctional Convergence in Bipolar Disorder, ADHD, and PTSD: Impact on Treatment 1

Chairs:
Alina Marin, M.D., Ph.D.
Irene Patelis-Siotis, M.D.

WORKSHOP 35
7:00 A.M. – 8:30 A.M.
Room 325B, Level 3
Hawaii Convention Center

Are All Asians Good at Math? Asian-Americans as The Model Minority: Myth or Reality? Implications for Asian-American Mental Health
APA Caucus of Asian American Psychiatrists

Chair:
Russell F. Lim, M.D.

Presenter(s):
Alan Koike, M.D.
Dan Tzuang, M.D.
Francis Lu, M.D.
Paul Yeung, M.D., M.P.H.

WORKSHOP 36
7:00 A.M. – 8:30 A.M.
Room 326B, Level 3
Hawaii Convention Center

Strategies for Providing Culturally Competent Mental Health Care to Diverse Populations

Chair:
Felicia K. Wong, M.D.

Presenter(s):
Sonia Krishna, M.D.
Judith F. Joseph, M.D., M.B.A.
Mabel Onwuka, M.D.
Jeremy Martinez, M.D.

WORKSHOP 37
7:00 A.M. – 8:30 A.M.
Carnation Room, Second Floor
Ala Moana Hotel

Professionalism and Ethics in Psychiatric Training
RESIDENTS ONLY

Chair:
Kelly M. Morton, M.D., M.P.A.

Presenter(s):
Kelly M. Morton, M.D., M.P.A.
Jan SchuetzMueller, M.D.
Emily Steinberg, M.D.

WORKSHOP 38
7:00 A.M. – 8:30 A.M.
Plumeria Room, Second Floor
Ala Moana Hotel

Social Media: A Risky Business
American Association for Technology in Psychiatry

Chair:
Robert C. Hsiung, M.D.

Presenter(s):
Nicolas Terry, B.A., LL.M.
Seth Powsner, M.D.
Tracy D. Gunter, M.D.

COURSES

Course Descriptions are available in the **Course Brochure**. You can pick up a **Course Brochure** and purchase a course ticket in the Course Enrollment Area located in Exhibit Hall, Lobby, Level 1, Hawaii Convention Center. Admission to all courses, including Master Courses is by ticket only.

COURSE 5
7:00 A.M. – 11:00 A.M.
Sea Pearl Room I-III,
Mid-Pacific Conference Center
Hilton Hawaiian Village Hotel

Comprehensive, Multimodal Treatment for OCD and Compulsive Hoarding: Current Trends 1

Director.:
Barbara L. Van Noppen, Ph.D., L.C.S.W.

Faculty:
Michele T. Pato, M.D.
Sanjaya Saxena, M.D.

COURSE 6
7:00 A.M. – 11:00 A.M.
Kahili Suite, Kalia Executive Conference Center
Hilton Hawaiian Village Hotel

Mood Disorders in Later Life 1

CoDirectors:
James M. Ellison, M.D., M.P.H.
Yusuf Sivrioglu, M.D.

Faculty:
Patricia A. Arean, Ph.D.
Donald A. Davidoff, Ph.D.
Brent P. Forester, M.D.
James M. Ellison, M.D., M.P.H.

COURSE 7
7:00 A.M. – 11:00 A.M.
Rainbow Rooms I-II, Rainbow Tower,
Hilton Hawaiian Village Hotel

Melatonin and Light Treatment of SAD, Sleep, and Other Body Clock Disorders 1

Director:
Alfred J. Lewy, M.D., Ph.D.

COURSE 11
7:00 A.M. – 11:00 A.M.
Honolulu Room II, Tapa Conference Center
Hilton Hawaiian Village Hotel

Therapeutic Interventions in Eating Disorders: Basic Principles

Director:
David C. Jimerson, M.D.

Faculty:
Joel Yager, M.D.

SEMINARS

Session requires pre-registration and ticket for admission.

SEMINAR 3
7:00 A.M. – 11:00 A.M.
South Pacific IV,
Mid-Pacific Conference Center
Hilton Hawaiian Village Hotel

Complementary and Integrative Treatments for Stress, Depression, Anxiety, PTSD, Mass Trauma, and Sexual Dysfunction 1

Co-Directors:
Patricia L. Gerbarg, M.D.
Richard P. Brown, M.D.

Faculty:
Richard P. Brown, M.D.
Patricia L. Gerbarg, M.D.
Martin Katzman, M.D.
Monica Vermani, M.A., Psy.D.

SEMINAR 4
7:00 A.M. – 11:00 A.M.
Iolani Suite VI-VII, Tapa Conference Center
Hilton Hawaiian Village Hotel

A Primer on Acceptance and Commitment Therapy 4

Co-Directors:
Kenneth Fung, M.D., M.S.
Mateusz Zurowski, M.D., M.S.

SEMINAR 5
7:00 A.M. – 11:00 A.M.
Rainbow Room III, Rainbow Tower
Hilton Hawaiian Village Hotel

Recovery: How to Transform Your Clinical Practice Effectively and Efficiently

Director: Shirish Patel, M.D.

COURSES

COURSE 8
7:00 A.M. – 2:00 P.M.
Sea Pearl IV, Mid-Pacific Conference Center
Hilton Hawaiian Village Hotel

Davanloo's Intensive Short-Term Dynamic Psychotherapy in Clinical Practice 4

Co-Directors:
James Q. Schubmehl, M.D.
Alan R. Beeber, M.D.

COURSE 9
7:00 A.M – 2:00 P.M.
South Pacific III,
Mid-Pacific Conference Center
Hilton Hawaiian Village Hotel

Essentials of Assessing and Treating ADHD in Adults and Children

Director:
Thomas E. Brown, Ph.D.

Faculty:
Anthony L. Rostain, M.D., M.A.
Jefferson B. Prince, M.D.

COURSE 10
7:00 A.M. – 2:00 P.M.
Honolulu Room I, Tapa Conference Center
Hilton Hawaiian Village Hotel

Kundalini Yoga Meditation Techniques for Schizophrenia, the Personality Disorders, and Autism 2 5

Director:
David Shannahoff Khalsa, B.A.

COURSE 12
7:00 A.M. – 2:00 P.M.
Honolulu Room III, Tapa Conference Center
Hilton Hawaiian Village Hotel

Narrative Hypnosis for Psychiatry: Emphasis on Pain Management 4

Director:
Lewis Mehl-Madrona, M.D., Ph.D.

Faculty:
Barbara J. Mainguy, M.A., M.F.A.

MASTER COURSE 2
7:00 A.M. – 3:00 P.M.
Room 323A-C, Level 3
Hawaii Convention Center

2011 ABPN Board Review Course

Director:
James A. Bourgeois, O.D., M.D.

Faculty:
Charles Scott, M.D.
Jessica Ferranti, M.D.
Jason G. Roof, M.D.
Andreea L. Seritan, M. D.
Alan Koike, M.D.
Mark Servis, M.D.
Matthew Soulier, M.D.
Jaesu Han, M.D.
Glen L. Xiong, M.D.
Robert M. McCarron, D.O.

MASTER COURSE 3
7:00 A.M– 2:00 P.M.
Tapa Ballroom I, Tapa Conference Center
Hilton Hawaiian Village Hotel

Practical Cognitive Behavior Therapy 4

Director:
Jesse H. Wright, M.D., Ph.D.

Faculty:
Donna M. Sudak, M.D.
Robert M. Goisman, M.D.
Judith S. Beck, Ph.D.

8:00 A.M. SESSIONS

LECTURES

LECTURE 6
8:00 A.M. – 9:30 A.M.
Room 311, Level 3
Hawaii Convention Center

What Makes a Good Clinical Teacher?
APA/NIMH Vestermark Award Lecture

Richard Balon, M.D.

Chair: Sandra Sexson, M.D.

BIO

Richard Balon, M.D., is Professor of Psychiatry, Associate Residency Training Director, Director of Master of Science in Psychiatry Program, Director of CME, and Member of Graduate Faculty, in the Department of Psychiatry and Behavioral Neurosciences at Wayne State University School of Medicine. He has received several teaching awards from Wayne State University, the APA and the Association for Academic Psychiatry. He also received the APA, George Tarjan Award and Special Presidential Commendation. He has published widely in the area of psychiatric education, clinical psychopharmacology, human sexuality, and biology of anxiety. He also served on the USMLE Part 2 Psychiatry Committee. He is one of the Deputy Editors of Academic Psychiatry.

LECTURE 7
8:00 A.M. – 9:30 A.M.
Room 313A-C, Level 3
Hawaii Convention Center

Glial-Neuronal Models of Depressive Disorders 1
Frontiers of Science Lecture

Ian B. Hickie, M.D.

Chair:
Josepha A. Cheong, M.D.

Co-Chair:
Melissa Maitland, M.D.

BIO

Ian B. Hickie, M.D., is Professor of Psychiatry in the School of Medical Sciences Brain & Mind Research Institute at the University of Sydney. Dr. Hickie was CEO of beyondblue, the national depression initiative. He was the Executive Director of the Brain & Mind Research Institute and received the Australian Honours Award of Member for services to medicine in the development of key national mental health initiatives. The Australian Financial Review included Dr. Hickie in its list of the top 10 cultural influences. Dr. Hickie was appointed to the Prime Minister's Australian National Council on Drugs in 2007 and has led the BMRI as a founding member of the new National Youth Mental Health Foundation.

ADVANCES IN SERIES 1
ADVANCES IN SUBSTANCE ABUSE TREATMENT

8:00 A.M. – 11:00 A.M.
Room 315, Level 3
Hawaii Convention Center

Psychotherapy and Pharmacotherapy for Substance Use Disorders

3 4

Chairs:
Marc Galanter, M.D.
Herbert D. Kleber, M.D.

1. **Cognitive-Behavior Therapy Combined With Psychopharmacotherapy**
   Kathleen M. Carroll, Ph.D.
2. **Intervention Techniques for Initiating Social and Pharmacotherapeutic Treatment**
   Laurence Westreich, M.D.
3. **Motivation Enhancement Combined With Pharmacotherapy**
   Edward V. Nunes, M.D.
4. **The Therapeutic Context of Buprenorphine Maintenance**
   Herbert D. Kleber, M.D.
5. **Treatment Options and Outcome for Substance-Abusing Physicians**
   Marc Galanter, M.D.

MEDIA WORKSHOP
MEDIA WORKSHOP 3

8:00 A.M. – 11:00 A.M.
Room 320, Emalani Theater, Level 3
Hawaii Convention Center

TransferenceFocused Psychotherapy for Borderline Personality: Observing and Discussing the Hands-On Work

2 4

Chairs:
Frank E. Yeomans, M.D., Ph.D.
Otto F. Kernberg, M.D.

Presenter(s):
Frank E. Yeomans, M.D., Ph.D.

PRESIDENTIAL SYMPOSIUM
PRESIDENTIAL SYMPOSIUM 2

8:00 A.M. – 11:00 A.M.
Room 312, Level 3
Hawaii Convention Center

DSM-5: Implications for Child Psychiatry

Chair:
Laurence L. Greenhill, M.D.

Discussant:
David Shaffer, M.D.

1. **Issues in Child Psychiatry for the *DSM-5* Workgroups**
   David Shaffer, M.D.
2. **Modifications of the ADHD Diagnosis in *DSM-5*, and Its Impact on Practice**
   Steven P. Cuffe, M.D.
3. **Modifications of the Bipolar Disorder Diagnosis, Disruptive Mood Dysregulation Disorder and Implications for the Practicing Clinician**
   Cathryn A. Galanter, M.D.
4. ***DSM-5* and Forensics: The Callous and Unemotional Specifier and Parental Alienation Relational Problem**
   William Bernet, M.D.
5. **Experiences Participating as Child Psychiatrist Clinician in the *DSM-5* Field Trials**
   Laurence L. Greenhill, M.D.

SYMPOSIA
SYMPOSIUM 8

8:00 A.M. – 11:00 A.M.
Room 310 Lili'u Theater, Level 3
Hawaii Convention Center

The NIMH Bipolar Trials Network Lithium Treatment Moderate Dose Use Study (LiTMUS): A Randomized Comparative Effectiveness Trial of Adjunctive Lithium

1 3

Chairs:
Terence A. Ketter, M.D.
Andrew C. Leon, Ph.D.

1. **Review of Recent Pragmatic Intervention Studies in Bipolar Disorder and LiTMUS Design Considerations**
   Charles Bowden, M.D.
2. **LiTMUS Baseline Demographics and Illness Characteristics Findings**
   Joseph R. Calabrese, M.D.
3. **LiTMUS Sample Disposition: An Uncommonly High Retention Rate**
   Edward S. Friedman, M.D., M.A.
4. **Necessary Clinical Adjustments (NCAs): Design Considerations and Performance of a Novel Outcome Measure**
   Andrew C. Leon, Ph.D.
5. **Overview of LiTMUS Efficacy Findings**
   Terence A. Ketter, M.D.
6. **Lithium Tolerability**
   Michael E. Thase, M.D.

SYMPOSIUM 9

8:00 A.M. – 11:00 A.M.
Room 314, Level 3
Hawaii Convention Center

Clinicians' Impressions of the *DSM-5* Personality Disorders

2

Association for Research in Personality Disorders

Chair:
James H. Reich, M.D., M.P.H.

Discussant:
Paul S. Links, M.D.

1. **The Evolution of Personality Disorders and *DSM-5***
   Donald W. Black, M.D.
2. **Making a Personality Disorder Diagnosis in General Clinical Practice: Pitfalls and Indications**
   James H. Reich, M.D., M.P.H.
3. **Measuring Levels of Personality Functioning in Personality Disorders in *DSM-5***
   Kenneth R. Silk, M.D.
4. ***DSM-5* Prototypes: Issues and Controversies**
   Larry J. Siever, M.D.
5. **Guidelines and Algorithms: A European Perspective on Personality Disorders**
   Simone Kool, M.D., Ph.D.

6. **The *DSM-5* Personality Disorder Dimensional Model**
   Thomas Widiger, Ph.D.

SYMPOSIUM 10
8:00 A.M. – 11:00 A.M.
Room 316A, Level 3
Hawaii Convention Center

New Perspectives on Global Mental Health 6
National Institute of Mental Health

Chair:
Pamela Y. Collins, M.D., M.P.H.

1. **Mental Health Equity: Learning From a Global Context**
   Pamela Y. Collins, M.D., M.P.H.

2. **Genetics Research in Low- and Middle-Income Countries: The Science, the Capacity, and the Ethics**
   Vishwajit Nimgaonkar, M.D., Ph.D.

3. **LIC Meets HIC, Schizophrenia Among Immigrant Populations in the Netherlands: The Many Facets of Environments and Illness**
   Wim Veling, M.D.

4. **Rapid Urbanization, Social Capital, and Mental Health**
   Kwame McKenzie, M.D.

5. **Promoting Protective Processes and Resilience in Rwandan Families Affected by HIV/AIDS: Development of a Family Strengthening Intervention**
   Theresa Betancourt, Sc.D., M.A.

SYMPOSIUM 11
8:00 A.M. – 11:00 A.M.
Room 316B, Level 3
Hawaii Convention Center

Pediatric Bipolar Disorder: Advances and Challenges in Diagnosis, Biomarkers and Treatment Modalities
APA Council on Children, Adolescents & Their Families

Chair:
Erin C. Soto, M.D.

Discussant:
Harsh Trivedi, M.D.

1. **An Evidence-Based Approach to Careful and Accurate Assessment of Bipolar Disorder in Children and Adolescents**
   Cathryn A. Galanter, M.D.

2. **Prodromal Bipolar Disorder in Youth: Diagnosis and Early Intervention**
   Kiki Chang, M.D.

3. **Neurobiomarkers of Adolescent Bipolar Disorder**
   Melissa DelBello, M.D.

4. **Evidence-Based Treatments for Pediatric Bipolar Disorder**
   Erin C. Soto, M.D.

SYMPOSIUM 12
8:00 A.M. – 11:00 A.M.
Room 317A/B, Level 3
Hawaii Convention Center

The Importance of Biological Psychiatry and Clinical Psychopharmacology in Teaching Psychiatric Residents 3

Chairs:
Eric D. Peselow, M.D.
Ira D. Glick, M.D.

Discussant:
Alan F. Schatzberg, M.D.

1. **The Development of a Psychopharmacology Curriculum for Psychiatric Residents**
   Ira D. Glick, M.D.

2. **The Actual Teaching of Psychopharmacology and Biological Psychiatry to Psychiatric Residents**
   Eric D. Peselow, M.D.

3. **The Chairman's Role in Teaching Psychopharmacology and Biological Psychiatry to Residents**
   Stephen I. Deutsch, M.D., Ph.D.

4. **The Advantages and Disadvantages of Algorithms for Selecting Appropriate Psychopharmacological Treatment**
   David N. Osser, M.D.

SYMPOSIUM 13
8:00 A.M. – 11:00 A.M.
Room 324, Level 3
Hawaii Convention Center

Decision Making and Addictions: Neurobiology and Treatment Implications
National Institute on Drug Abuse

Chair:
Frederick G. Moeller, M.D.

Discussant:
Antoine Bechara, Ph.D.

1. **Basic Neurobiology of Decision Making**
   Catharine Winstanley, Ph.D.

2. **The Impact of Drugs of Abuse on Decision Making**
   Scott D. Lane, Ph.D.

3. **Neurocognitive and Behavior Interventions to Improve Addict Decision Making**
   Warren K. Bickel, Ph.D.

SYMPOSIUM 14
8:00 A.M. – 11:00 A.M.
Room 327, Level 3
Hawaii Convention Center

Public Sector Challenges in Meeting Patients' Needs 7
American Psychiatric Institute for Research and Education

Chair:
Darrel A. Regier, M.D.

1. **Clinical Complexity of Publicly Insured Patients and Implications for Clinical Practice**
   William E. Narrow, M.D., M.P.H.

2. **Health Disparities in Access to Care for Psychiatric Patients in the Public Sector**
   Ruth S. Shim, M.D., M.P.H.

3. **Polypharmacy Among Medicaid Psychiatric Patients: Is There a Clinical Rationale for This Treatment?**
   Farifteh F. Duffy, Ph.D.

4. **Homelessness and Incarceration Among Medicaid Psychiatric Patients in 10 States**
   Eve K. Mościcki, Sc.D., M.P.H.

5. **Medication Switching and Other Access Problems and Adverse Events for Publicly Insured Patients**
   Joyce C. West, Ph.D., M.P.P.

SYMPOSIUM 15
8:00 A.M. – 11:00 A.M.
Room 328, Level 3
Hawaii Convention Center

Combining Extended-Release Guanfacine and Psychostimulants in the Treatment of Pediatric ADHD: Results From a Multisite Controlled Clinical Trial 3

Chair:
Timothy E. Wilens, M.D.

1. **Extended-Release Guanfacine Coadministered With Psychostimulants in the Treatment of ADHD Assessed in the Morning and Evening**
   Ann C. Childress, M.D.

2. **Efficacy and Safety of Morning or Evening Dosing of Guanfacine Extended Release Coadministered With Psychostimulants in Adolescents With ADHD**
   Oscar G. Bukstein, M.D., M.P.H.

3. **Symptomatic Remission of ADHD in Children and Adolescents With Coadministration of Guanfacine Extended Release and a Psychostimulant**
Andrew Cutler, M.D.

4. **Combining Extended-Release Guanfacine and Psychostimulants in the Treatment of Pediatric ADHD: Results From a Multisite Controlled Clinical Trial**
Timothy E. Wilens, M.D.

9:00 A.M. SESSIONS

FORUM
FORUM 2
9:00 A.M. – 10:30 A.M.
Room 319A/B, Level 3
Hawaii Convention Center

The Challenges and Successes of Developing Psychiatric Services and Research in China

Chair:
Michael R. Phillips, M.D.
Jingping Zhao, M.D.

Presenter(s):
Jingping Zhao, M.D.
Kun Xia, M.D.
Xin Yu, M.D.
Michael R. Phillips, M.D.

SCIENTIFIC AND CLINICAL REPORTS SESSIONS 15-16
SCR 15
9:00 A.M. – 10:30 A.M.
Room 318A/B, Level 3
Hawaii Convention Center

Treatment Techniques and Outcome Studies 3 4 5

Chair:
Peter Thompson, M.D.

SESSION TRACKS
1 Anxiety & Mood Disorders
2 Personality Disorders
3 Psychopharmacology
4 Psychotherapy
5 Schizophrenia and Other Psychotic Disorders
6 NIMH
7 DSM-5

50. **Improving Empathy in Psychotherapy: A Randomized Proof-of-Concept Study**
Bhaskar N. Sripada, M.D.

51. **Switching to Aripiprazole as a Strategy for Weight Reduction: A Meta-Analysis in Patients Suffering From Schizophrenia**
Yoram Barak, M.D., M.H.A.

52. **Cognitive-Behavior Therapy for Depressed Inpatients: The Relationship Between Treatment Alliance and Group Participation**
Katherine L. Lynch, Ph.D.

SCR 16
9:00 A.M. – 10:30 A.M.
Hibiscus Ballroom II, Second Floor
Ala Moana Hotel

Violence, Trauma, and Victimization 1

Chair:
Britta Ostermeyer, M.D.

53. **Vicarious Trauma in Mental Health Professionals After 9/11: The Impact of Working With Trauma Victims**
Gertie Quitangon, M.D.

54. **PTSD Among American Indian Veterans: Is it More Comorbid With Externalizing or Internalizing Disorder?**
Joseph J. Westermeyer, M.D., Ph.D.

55. **Successful Reduction of Seclusion Use and Violence on Psychiatric Units**
Shane Konrad, M.D.

SMALL INTERACTIVE SESSION
Session requires pre-registration and ticket for admission.

SMALL INTERACTIVE SESSION 2
9:00 A.M. – 10:30 A.M.
Room 326A, Level 3
Hawaii Convention Center

How to Start and Manage Your Academic Career

Chair:
Julio Licinio, M.D.

SMALL INTERACTIVE SESSION 3
9:00 A.M. – 10:30 A.M.
Room 326B, Level 3
Hawaii Convention Center

The Current State of Schizophrenia Treatment 5

Chair:
Donald C. Goff, M.D.

WORKSHOPS
WORKSHOP 39
9:00 A.M. – 10:30 A.M.
Room 309, Level 3,
Hawaii Convention Center

Is She Mad or Bad? Women Who Perpetrate Violence

Chair:
Renee M. Sorrentino, M.D.

Presenter(s):
Susan Hatters Friedman, M.D.
Gunter Lorberg, M.D.

WORKSHOP 40
9:00 A.M. – 10:30 A.M.
Room 321A, Level 3
Hawaii Convention Center

Adapting Toyota Production System (TPS or "Lean") Methods to Behavioral Healthcare: The SPIRIT Project

Chair:
Robert P. Roca, M.D., M.P.H.

Presenter(s):
Steven S. Sharfstein, M.D., M.P.A.
Robert P. Roca, M.D., M.P.H.
Sunil D. Khushalani, M.D.

WORKSHOP 41
9:00 A.M. – 10:30 A.M.
Room 321B, Level 3
Hawaii Convention Center

Opioid Treatment of Chronic Pain: Skills for the General Psychiatrist 3

Chair:
Mark L. Willenbring, M.D.

WORKSHOP 42
9:00 A.M. – 10:30 A.M.
Room 322A, Level 3
Hawaii Convention Center

Time for Teamwork: A Multidisciplinary Approach to Behavior Management for Patients With Dementia

Chair:
Amita R. Patel, M.D.

Presenter(s):
Sanjay Gupta, M.D.

WORKSHOP 43
9:00 A.M. – 10:30 A.M.
Room 322B, Level 3
Hawaii Convention Center

The Sixth Vital Sign: Assessing Cognitive Impairment in HIV

Chair:
Marshall Forstein, M.D.

Presenter(s):
Francine Cournos, M.D.
Antoine Douaihy, M.D.
Karl Goodkin, M.D., Ph.D.
Stephen J. Ferrando, M.D.
Kenneth Ashley, M.D.

WORKSHOP 44
9:00 A.M. – 10:30 A.M
Room 325A, Level 3
Hawaii Convention Center

Pharmacologic Approaches to Autism Spectrum Disorders for Clinicians 3

Chair:
Christopher J. McDougle, M.D.

WORKSHOP 45
9:00 A.M. – 10:30 A.M.
Room 325B, Level 3
Hawaii Convention Center

Culture, *DSM-5*, Minority Populations, and Training in Psychiatry

Chairs:
Vanessa T. Bobb, M.D., Ph.D.
Mandy Garber, M.D., M.P.H.

Presenter(s):
Roberto Lewis-Fernandez, M.D.
Suzan Song, M.D., M.P.H.
Nubia Lluberes, M.D.
Helena Hansen, M.D., Ph.D.
Carl C. Bell, M.D.
Francis Lu, M.D.
Mona Jain, M.D.

WORKSHOP 46
9:00 A.M. – 10:30 A.M.
Carnation Room, Second Floor
Ala Moana Hotel

College Mental Health Case Conference: Psychiatrists' Role in Building Alliances and Managing Student Crises

Chairs:
Ayesha Chaudhary, M.D.
Doris M. Iarovici, M.D.

Presenter(s):
Doris M. Iarovici, M.D.
Ayesha Chaudhary, M.D.
Colleen Slipka, M.D.

WORKSHOP 47
9:00 A.M. – 10:30 A.M.
Plumeria Room, Second Floor
Ala-Moana Hotel

The American Journal of Psychiatry Residents' Journal

Chairs:
Robert Freedman, M.D.
Joseph Cerimele, M.D.

Presenter(s):
Sarah M. Fayad, M.D.

WORKSHOP 48
9:00 A.M. – 10:30 A.M.
Pakalana/Anthrium Room
Ala-Moana Hotel

Training Global Psychiatrists: Exploring Educational Opportunities for Residents in Global Mental Health

Chair:
Monica T. Caselli, M.D.

Presenter(s):
Tresha Gibbs, M.D.
Emily Gastelum, M.D.
Gina M. Clark, M.D., D.Phil.
Alexis Armenakis, M.D.

10:00 A.M. SESSIONS

CASE CONFERENCE
CASE CONFERENCE 1
10:00 A.M. – 11:30 A.M.
Room 316C, Level 3
Hawaii Convention Center

Postpartum Catatonia Successfully Treated With Electroconvulsive Therapy: A Case Report
APA MEMBERS ONLY

Chair:
Donald M. Hilty, M.D.

Presenter:
Angela Strain, M.D.

LECTURE
LECTURE 8
10:00 A.M. – 11:30 A.M.
Room 313A-C, Level 3
Hawaii Convention Center

Living Up to Our Commitments: Imperatives for Professionalism and Leadership in Psychiatry
Distinguished Psychiatrist Lecture

Laura W. Roberts, M.D., M.A.

Chair:
Catherine C. Crone, M.D.

Co-Chair:
Deyadira Baez-Sierra, M.D.

BIO

Laura W. Roberts, M.D., M.A., is Chair of the Department of Psychiatry at Stanford University. The department includes more than 60 full-time faculty members and is highly regarded for its basic, translational, and clinical research. Roberts is renowned for her work on ethical issues and public policy relating to both clinical care and research science. She has studied how best to obtain informed consent from people with severe illnesses who are enrolled in clinical trials, and she has examined a wide range of health disparities, including the differences between rural and urban health care. A recent focus of her work has been identifying and developing the standards needed to support ethical practices in genetic research. Roberts also gained a national reputation for her success as a mentor and teacher of young scientists.

NEW RESEARCH POSTER: SESSION 3
NEW RESEARCH YOUNG INVESTIGATOR SESSION 3
10:00 A.M. -11:30 A.M.
Exhibit Hall

11:30 A.M. SESSIONS

COURSES
COURSE 14
11:30 A.M. – 3:30 P.M.
South Pacific IV,
Mid-Pacific Conference Center
Hilton Hawaiian Village Hotel

Neuroanatomy of Emotions

Director:
Ricardo M. Vela, M.D.

COURSE 15
11:30 A.M. – 3:30 P.M.
Kahili Suite,
Kalia Executive Conference Center
Hilton Hawaiian Village Hotel

Psychiatric Pharmacogenomics 3

Director:
David A. Mrazek, M.D.

Faculty:
Daniel K. Hall-Flavin, M.D.
Renato D. Alarcon, M.D., M.P.H.

COURSE 16
11:30 A.M. – 3:30 P.M.
Rainbow Rooms I-II,
Rainbow Tower
Hilton Hawaiian Village Hotel

Interpersonal Psychotherapy (IPT) 4

Director:
John C. Markowitz, M.D.

COURSE 17
11:30 A.M. – 3:30 P.M.
Rainbow Room III,
Rainbow Tower
Hilton Hawaiian Village Hotel

Short-Term Psychodynamic Supportive Psychotherapy for Depression 1

Co-Directors:
Henricus Van, Ph.D.
Frans F. De Jonghe, M.D., Ph.D.

Faculty:
Simone Kool, M.D., Ph.D.
Annemieke A. Noteboom, M.S.C.
Anne van Broekhuyzen, M.A.
Jack Dekker, M.S.C., Ph.D.

SEMINARS

! Session requires pre-registration and ticket for admission.

SEMINAR 6
11:30 A.M. – 3:30 P.M.
Sea Pearl I-III,
Mid-Pacific Conference Center
Hilton Hawaiian Village Hotel

Emergency Psychiatry: Theory to Practice
American Association for Emergency Psychiatry

Director:
Rachel L. Glick, M.D.

Faculty:
Rachel L. Glick, M.D.
Jon S. Berlin, M.D.
Seth Powsner, M.D.
Scott L. Zeller, M.D.

SEMINAR 7
11:30 A.M. – 3:30 P.M.
Iolani Suite VI-VII,
Tapa Conference Center
Hilton Hawaiian Village Hotel

Understanding the Person Behind the Illness: An Approach to Psychodynamic Formulation

Director:
William H. Campbell, M.D., M.B.A.

NOON SESSIONS

LECTURE
LECTURE 9
NOON – 1:30 P.M.
Room 313A-C, Level 3
Hawaii Convention Center

Early Intervention and Youth Mental Health Models of Care: 21st Century Solutions to Strengthen Mental Health Care and Modern Society
International Guest Lecture

Patrick D. McGorry, M.D., Ph.D.

Chair:
Patricia I. Ordorica, M.D.

Co-Chair:
Kayla M. Pope, M.D.

BIO

Patrick D. McGorry, M.D., Ph.D., Australian of the Year 2010, is Executive Director of Orygen Youth Health (OYH), a world-renowned youth mental health organization. He is also Professor of Youth Mental Health at the University of Melbourne and founding member of the National Youth Mental Health Foundation board. OYH comprises Australia's largest youth mental health research centre and a clinical service targeting the needs of young people with emerging mental illness, including first-episode psychosis. Dr. McGorry and OYH have put Australia at the forefront of research in the prevention and treatment of mental illness. OYH has become the model on which many other youth mental health services around the world are based.

SCIENTIFIC AND CLINICAL REPORTS: SESSIONS 17-18

SCR 17
NOON – 1:30 P.M.
Room 312, Level 3
Hawaii Convention Center

Neuropsychiatry and Genetics 3

Chair:
Meera Vaswami, M.D.

! SESSION TRACKS

1. Anxiety & Mood Disorders
2. Personality Disorders
3. Psychopharmacology
4. Psychotherapy
5. Schizophrenia and Other Psychotic Disorders
6. NIMH
7. DSM-5

56. Dyslipidemia in Psychtropic-Treated Patients Correlates With Combinatorial CYP450 Drug Metabolism Indices
Gualberto Ruano, M.D., Ph.D.

57. Age at Onset of Psychiatric Disorders in Fragile X Mental Retardation (FMR1) Adult Premutation Carriers
Andreea L. Seritan, M.D.

58. Using Pharmacogenomic Testing in Clinical Practice
Amita R. Patel, M.D.

59. Environment Affects Genes Through Memes
Hoyle Leigh, M.D.

SCR 18
NOON – 1:30 P.M.
Hibiscus Ballroom II,
Second Floor
Ala Moana Hotel

Women's Health and Gender Issues 1 3

Chair:
Renato D. Alarcon, M.D., M.P.H.

60. Gender, Impulsivity, and Serotonin
Donatella Marazziti, M.D.

61. The Psychological Impact of a Cancer Diagnosed During Pregnancy: Determinants of Long-Term Distress
Melissa Henry, Ph.D.

62. Antidepressant Therapy Related to Combined Hormonal and Progestin-Only Contraceptives: A Nationwide Population-Based Study
Malou Lindberg, Ph.D.

NOON 12 P.M. 3

WORKSHOPS
WORKSHOP 49
NOON – 1:30 P.M.
Room 322A, Level 3
Hawaii Convention Center

PSYCHOPHARMACOLOGY ALGORITHM FOR PTSD: FROM THE PSYCHOPHARMACOLOGY ALGORITHM PROJECT AT THE HARVARD SOUTH SHORE PROGRAM 1 3

Chair:
David N. Osser, M.D.

Presenter(s):
Ana Ticlea, M.D.
Robert D. Patterson, M.D.
Laura Bajor, D.O., M.A.

WORKSHOP 50
NOON – 1:30 P.M.
Room 322B, Level 3
Hawaii Convention Center

CONTROVERSIES IN DIAGNOSIS AND TREATMENT OF CONVERSION DISORDER, MOTOR SUBTYPE

Chairs:
Mateusz Zurowski, M.D., M.S.
Andrew Howard, M.D.

ADVANCES IN SERIES 2
ADVANCES IN THE TREATMENT OF BIPOLAR DISORDERS
NOON – 3:00 P.M.
Room 315, Level 3
Hawaii Convention Center

ADVANCES IN THE TREATMENT OF BIPOLAR DISORDERS 1 3

Chairs:
Terence A. Ketter, M.D.
Po W. Wang, M.D.

1. **Advances in Treatment of Bipolar Depression**
   Po W. Wang, M.D.
2. **Advances in Treatment of Acute Mania**
   Terence A. Ketter, M.D.
3. **Advances in Maintenance Treatment of Bipolar Disorder**
   Terence A. Ketter, M.D.
4. **Treatment of Children and Adolescents With Bipolar Disorder**
   Kiki Chang, M.D.
5. **Treatment of Older Adults With Bipolar Disorder**
   John Brooks, Ph.D., M.D.
6. **Treatment of Pregnant Women With Bipolar Disorder**
   Mytilee Vemuri, M.D., M.B.A.

MEDIA WORKSHOP
MEDIA WORKSHOP 4
NOON – 3:00 P.M.
Room 320, Emalani Theater, Level 3
Hawaii Convention Center

PREVENTING YOUTH VIOLENCE

Chairs:
Paul J. Fink, M.D.
Carl C. Bell, M.D.

SYMPOSIA
SYMPOSIUM 16
NOON – 3:00 P.M.
Room 309, Level 3
Hawaii Convention Center

DISTURBED PAIN PROCESSING IN PSYCHIATRIC DISORDERS

Chairs:
Christian Schmahl, M.D.
Karl Bär, M.D.

1. **Pain Perception in Schizophrenia and Depression: From Interoception to "Illusion of Pain"**
   Karl Bär, M.D.
2. **Understanding Pain Processes in Depression and Anxiety With Brain Imaging**
   Irina A. Strigo, Ph.D.
3. **Modeling Pain States in PTSD: Human and Animal Experiments**
   Tobias MoellerBertram, M.D., Ph.D.
4. **Pain Processing in BPD: A Possible Link to the Understanding of Self-Injury**
   Christian Schmahl, M.D.

SYMPOSIUM 17
NOON – 3:00 P.M.
Room 310 Lili' U Theater, Level 3
Hawaii Convention Center

MOODS, MEMORY, AND MYTHS: WHAT REALLY HAPPENS AT MENOPAUSE?

Chair:
C. Neill Epperson, M.D.

1. **Depression and Other Symptoms: Risks in the Transition to Menopause**
   Ellen Freeman, Ph.D.
2. **Hot Flashes and Sleep Disturbances During Menopause Transition: Exploring Effective Treatment Strategies**
   Claudio N. Soares, M.D., Ph.D.
3. **Where Did I Put My Keys? The Ongoing Saga of Estrogen, Serotonin, Mood, and Memory at Menopause**
   C. Neill Epperson, M.D.
4. **Sexuality in Transition: Menopause and Aging**
   Anita H. Clayton, M.D.

SYMPOSIUM 18
NOON – 3:00 P.M.
Room 314, Level 3
Hawaii Convention Center

TRANSLATIONAL PSYCHIATRY: FROM DISCOVERY TO HEALTHCARE 3

Chairs:
Julio Licinio, M.D.
Cyndi S. Weickert, Ph.D.

1. **Disease Biomarkers for Schizophrenia**
   Sabine Bahn, M.D.
2. **Psychiatric Phenomics: Found (Not Lost) in Translation**
   Alexander B. Niculescu III, M.D., Ph.D.
3. **Predicting Onsets of Major Psychiatric Disorders: The Roles of Neuropsychological, MRI, and Circadian Markers**
   Ian B. Hickie, M.D.
4. **Translating Genetic and Biological Findings Into New Treatments for Schizophrenia**
   Cyndi S. Weickert, Ph.D.

! SESSION TRACKS
1 Anxiety & Mood Disorders
2 Personality Disorders
3 Psychopharmacology
4 Psychotherapy
5 Schizophrenia and Other Psychotic Disorders
6 NIMH
7 DSM-5

SYMPOSIUM 19
NOON – 3:00 P.M.
Room 316A, Level 3
Hawaii Convention Center

Novel Treatments for Neurodevelopmental Disorders 6
National Institute of Mental Health

Chair:
Christopher Sarampote, Ph.D.

Discussant:
James McCracken, M.D.

1. **Neurofibromatosis Type I as a Model for Pharmacotherapy of Cognitive Disability**
   Carrie Bearden, Ph.D.

2. **Glutamatergic Modulatory Therapy for Tourette Syndrome**
   Harvey Singer, M.D.

3. **What Does the Future Hold for Diagnosis and Treatment of Neuropsychiatric Disorders?**
   Allan Reiss, M.D.

4. **Complex Social Attention, Virtual Reality and School-Aged Children With Autism**
   Peter Mundy, Ph.D.

SYMPOSIUM 20
NOON – 3:00 P.M.
Room 316C, Level 3
Hawaii Convention Center

The APA and the World Psychiatric Association: Global Resources for the Practicing Psychiatrist
World Psychiatric Association

Chair:
Nada L. Stotland, M.D., M.P.H.

Discussant:
Carol C. Nadelson, M.D.

1. **Lessons Learned in the Implementation of Community Mental Health Care: Input From a WPA Guidance**
   Mario Maj, M.D., Ph.D.

2. **Addressing Poverty Among Psychiatric Patients Worldwide**
   Pedro Ruiz, M.D.

3. **Working With the World Psychiatric Association to Promote Dissemination of Mental Health Research Worldwide**
   Helen E. Herrman, M.D., M.B.

4. **Cross-Cultural Aspects of Psychiatric Diagnosis and Development of *DSM-5***
   David J. Kupfer, M.D.

SYMPOSIUM 21
NOON – 3:00 P.M.
Room 317A/B, Level 3, Hawaii Convention Center

The Primary Care and Behavior Health Integration Continuum: How Psychiatrists Can Function and Lead
American Association of Community Psychiatrists

Chairs:
David A. Pollack, M.D.
Lori Raney, M.D.

Discussant:
Kenneth S. Thompson, M.D.

1. **Overview of Integration Issues: Rationale, Models of Care, and Staffing**
   David A. Pollack, M.D.

2. **The Colorado Behavior Healthcare Council's Collaborative Care Mapping Project: Models of Integration for Rural Areas**
   Lori Raney, M.D.

3. **Psychiatric Service in an Urban, Rural Community Health Center**
   Charlotte N. Hutton, M.D.

4. **Primary Care Integration: The San Diego Vision of System Transformation for the Seriously Mentally Ill**
   Marshall E. Lewis, M.D.

5. **Integrated Care at Regional Mental Health Center/North Shore Health Centers: Protocols, Palm Pilot, and Phone Support**
   John Kern, M.D.

SYMPOSIUM 22
NOON – 3:00 P.M.
Room 318A/B, Level 3
Hawaii Convention Center

Obesity and Psychiatric Care: Current Evidence and Best Practice

Chair:
Valerie H. Taylor, M.D.

1. **Hunger as Addiction**
   Alain Dagher, M.D.

2. **Psychiatric Illness and Obesity-Clinical Comorbidity**
   Brian Stonehocker, M.D.

3. **An Etiological Approach to Obesity**
   Arya M. Sharma, M.D., Ph.D.

SYMPOSIUM 23
NOON – 3:00 P.M.
Room 319A/B, Level 3
Hawaii Convention Center

Traumatic Brain Injury in the Athlete: Psychiatric Implications
International Society for Sport Psychiatry

Chair:
Antonia L. Baum, M.D.

1. **Concussion in Sports and Experience With the NFL**
   David A. Baron, D.O.

2. **Use of a Computerized Neuropsychological Test Battery for the Evaluation of Concussions in Hawaii High School Athletes**
   William Tsushima, Ph.D.

3. **Sport Psychiatry and Traumatic Brain Injury: A New Frontier in a Challenging World**
   Ira D. Glick, M.D.

SYMPOSIUM 24
NOON – 3:00 P.M.
Room 321A, Level 3
Hawaii Convention Center

Pros and Cons of SPECT Brain Imaging: What Is the Status of the Science?

Chairs:
Theodore A. Henderson, M.D., Ph.D.
Joseph C. Wu, M.D.

1. **What Constitutes Clinical Utility for SPECT Brain Imaging?**
   Michael D. Devous, Ph.D.

2. **How Brain SPECT Imaging Can Be Immediately Useful in Clinical Practice**
   Daniel G. Amen, M.D.

3. **Putting SPECT Functional Neuroimaging in Perspective**
   Theodore A. Henderson, M.D., Ph.D.

SYMPOSIUM 25
NOON – 3:00 P.M.
Room 321B, Level 3
Hawaii Convention Center

The Impact of the Parent-Child Relationship on Child Mental Health: Attachment, Parental Depression, Bereavement, and Trauma
APA Council on Children, Adolescents & Their Families

NOON 12 P.M. 3

Chair:
Laurie B. Gray, M.D.

1. **Attachment Theory and Development: Towards an Understanding of Self Regulation and Implications for Intervention**
   Karam Radwan, M.D.
2. **Targeting Parental Depression for Child Mental Health**
   Jean M. Thomas, M.D.
3. **Bereavement in Children After the Death of a Parent**
   Laurie B. Gray, M.D.
4. **Childhood Adverse Experience and Trauma: A Preventable Pathway to Medical and Psychiatric Morbidity**
   Steven Berkowitz, M.D.

SYMPOSIUM 26
NOON – 3:00 P.M.
Room 324, Level 3
Hawaii Convention Center

Mental Health Treatment in the Army: A Close Look at Clinicians and Their Patients
1

Chair:
Charles W. Hoge, M.D.

1. **Mental Health Treatment in the Army: Current Status of Mental Health Clinicians, Patients, and Treatment Access**
   Joshua Wilk, Ph.D.
2. **Patterns and Quality of Care for Service Members With PTSD, Depression, and Substance Use Disorders**
   Farifteh F. Duffy, Ph.D.
3. **A First Look at Suicidal Ideation and Behavior Among Patients in Army Behavior Health Settings**
   Eve K. Mościcki, Sc.D., M.P.H.
4. **What's Working? Identifying Key Factors Affecting Treatment Access and Quality**
   Joyce C. West, Ph.D., M.P.P.
5. **What Does This all Mean? Implications for Mental Health Planning and Services Delivery in the Army**
   Charles W. Hoge, M.D.

SYMPOSIUM 27
NOON – 3:00 P.M.
Room 325A, Level 3,
Hawaii Convention Center

Hot Topics in African-American Mental Health: Impact of Past and Current Prejudices: Women's Mental Health: HIV/AIDS and Unique Psycho-pharmacological Findings
3

Chair:
David W. Smith, M.D.

1. **History of Racism in Mental Health: Seeds of Distrust**
   Harriet A. Washington
2. **African-Americans and HIV**
   David W. Smith, M.D.
3. **Black Women and Depression: The Role of Stigma in Treatment**
   Janet E. Taylor, M.D., M.P.H.
4. **Psychopharmacology of African Americans: Perception Versus Reality**
   William B. Lawson, M.D., Ph.D.

SYMPOSIUM 28
NOON – 3:00 P.M.
Room 325B, Level 3
Hawaii Convention Center

Psychotic Disorders in the International Classification of Diseases (ICD-11)
5

Chairs:
Wolfgang Gaebel, M.D.
Keith H. Nuechterlein, Ph.D.

1. **Diagnostic Criteria for Psychotic Disorders in the Development of ICD-11**
   Wolfgang Gaebel, M.D.
2. **Acute and Transient Psychotic Disorders (ATPD): Should It Be Listed in ICD-11?**
   Pichet Udomratn, M.D.
3. **Mental Healthcare and ICD-11: What Novel Classification Systems Need to Consider for Everyday Clinical Practice**
   Veronica Larach, M.D.
4. **Should Cognitive and Functional Criteria Be Elements of the Diagnostic Criteria for Psychotic Disorders in ICD-11?**
   Keith H. Nuechterlein, Ph.D.

SYMPOSIUM 29
NOON – 3:00 P.M.
Room 326A, Level 3
Hawaii Convention Center

Nonpharmacological Treatment Alternatives in the Acute Medical Setting for Psycho-somatic Medicine Practitioners

Chair:
Jose R. Maldonado, M.D.

1. **Cognitive Therapy for Patients in Acute Medical Settings**
   Tomer Levin, M.B., B.S.
2. **Brief Bedside Psychotherapy in the Medically Ill: Practical Steps and Suggestions**
   Sermsak Lolak, M.D.
3. **Motivational Interviewing in the Acute Medical Setting**
   Joji Suzuki, M.D.

SYMPOSIUM 30
NOON – 3:00 P.M.
Room 326B, Level 3
Hawaii Convention Center

A Biopsychosocial Exploration of American Racism and American Health and Mental Health Disparities
APA Council on Minority Mental Health and Health Disparities

Chairs:
Donald H. Williams, M.D.
Sandra C. Walker, M.D.

1. **A History of Race and Health Disparities: A Biopsychosocial Exploration of American Racism in American Health and Mental Health Disparities**
   Donald H. Williams, M.D.
2. **Human Genotypic and Phenotypic Adaptations to Their Environments**
   Jimmie L. Harris, D.O.

! SESSION TRACKS
1 Anxiety & Mood Disorders
2 Personality Disorders
3 Psychopharmacology
4 Psychotherapy
5 Schizophrenia and Other Psychotic Disorders
6 NIMH
7 DSM-5

3. **Strategies for Minimizing Racist Beliefs and Practices in Healthcare Settings: A Biopsychosocial Exploration of American Racism and American Health Disparities**
Lee N. June, Ph.D.

4. **Neurocognitive Mechanisms Maintaining Racism**
DeColius H. Johnson, Ph.D.

SYMPOSIUM 31
NOON – 3:00 P.M.
Room 327, Level 3
Hawaii Convention Center

The Pacific Psychological Health Task Force: Building Partnerships to Enhance Psychological Healthcare in the Pacific Region

Chair:
Carroll J. Diebold, M.D.

1. **Creation of Treatment Team Relationships in the Soldier Assistance Center and Child and Family Assistance Center for the Pacific Region**
Matthew Cody, D.O.

2. **Evolution of Telebehavior Health in the Department of Defense and Its Implementation in the Pacific and Asia**
Raymond Folen, Ph.D.

3. **PTSD Residential Recovery Program (PRRP): A VA Program Treating Severe CombatRelated PTSD in Both Veterans and Active Duty Service Members**
Kenneth A. Hirsch, M.D., Ph.D.

4. **Common Behavior Health IM/IT Platform**
Brown Millard, M.D.

5. **Telebehavior Health Outreach Services to Remotely Located Military Youth of National Guard, Reserves, and Active Duty Service Members of Hawaii and the Pacific Rim**
Stanley Whitsett, Ph.D.

6. **Development of School-Based Behavioral Health Services on Military Sites**
Albert Y. Saito, M.D.

7. **The DoD Managed Care Support Contractor: Continuity of Care With Civilian Network Providers and Enhancing Access to Telebehavior Health**
Karl Kiyokawa, B.A.

SYMPOSIUM 32
NOON – 3:00 P.M.
Room 328, Level 3
Hawaii Convention Center

Internet, Video Games, and Mental Health: Update on the Evidence

Chair:
Erick L. Messias, M.D., Ph.D.

1. **The Effect of Pathological Use of the Internet on Adolescent Mental Health: A Prospective Study**
Lam Lawrence, Ph.D.

2. **Longitudinal Studies of Two Potential Risk Factors: Pathological Gaming and Violent Game Effects**
Douglas A. Gentile, Ph.D.

3. **Clinical Implications of Excessive Digital Gaming in Children and Adolescents**
Juan Luis Castro-Cordoba, M.D.

SYMPOSIUM 33
NOON – 3:00 P.M.
Garden Lanai, Second Floor
Ala Moana Hotel

Transgender Care Across the Life Span

Chair:
Dan H. Karasic, M.D.

1. **Mental Health Care Across the Life Span and the Gender Spectrum**
Dan H. Karasic, M.D.

2. **Priuses, Smoothies, and Tranys: Transgender Development in Its Beginnings, The Early Childhood Years**
Diane Ehrensaft, Ph.D.

3. **Variables to Success for Gender-Variant Children and Adolescents**
Michele Angello, Ph.D.

4. **A Path to Metamorphosis: Recounting the Journey From Female-to-Male-Bodied**
Nathaniel G. Sharon, M.D.

5. **Partners and Families of Transgender People**
Randall Ehrbar, Psy.D.

6. **Transgender Care Across the Life Span: Aging and the Transgender Person**
Lin Fraser, Ed.D.

12:30 P.M. – 1:30 P.M.

APA BUSINESS MEETING
12:30 P.M. – 1:30 P.M.
Coral Room III-V,
Mid-Pacific Conference Center
Hilton Hawaiian Village

Call to Order

Carol A. Bernstein, M.D.
President

Memorial to Deceased Members

Announcement of Election Rules

Eliot Sorel, M.D.
Chair, Committee of Tellers

Reports to Membership

Roger Peele, M.D.
Secretary

David Fassler, M.D.
Treasurer

Bruce A. Hershfield, M.D.
Speaker

Ann Marie T. Sullivan, M.D.
Speaker-Elect

John Oliver Gaston, M.D.
Chair, Committee on By-Laws

Kathleen M. Mogul, M.D.
Chair, Elections Committee

Joseph Ezra V. Rubin, M.D.
Chair, Membership Committee

James H. Scully, Jr., M.D.
Medical Director

Chairs of Councils (written reports only)

Annual Forum

Adjournment

NEW RESEARCH POSTER: SESSION 4
NEW RESEARCH POSTER SESSION 4
1:00 P.M. – 3:00 P.M.
Exhibit Hall

1:30 P.M. SESSIONS

LECTURE
LECTURE 10
1:30 P.M. – 3:00 P.M.
Room 311, Level 3
Hawaii Convention Center

Psychiatric Disability: A Model for Assessment
Manfred S. Guttmacher Award Lecture

P.M. 3

P.M. 4

Liza H. Gold, M.D.

Chair:
Cheryl D. Wills, M.D.

BIO

Liza H. Gold, M.D., is a Clinical Professor of Psychiatry at Georgetown University Medical Center and teaches at the Georgetown Department of Psychiatry Residency and Forensic Fellowship Program. She is a Distinguished Fellow of the American Psychiatric Association. Dr. Gold chaired the American Academy of Psychiatry and Law Task Force in the development of their Practice Guideline for the Forensic Evaluation of Psychiatric Disability. She lectures nationally to audiences of mental health professionals, human resource professionals, and attorneys on disability evaluations and other types of employment-related evaluations. Dr. Gold is also the author of Sexual Harassment: Psychiatric Assessment in Employment Litigation (Guttmacher Award 2006) and coeditor of The American Psychiatric Textbook of Forensic Psychiatry, now in its second edition (2009).

3:30 P.M. – 4:30 P.M.

OPENING SESSION
3:30 P.M. – 4:30 P.M.
Kalakaua Ballroom, Level 4
Hawaii Convention Center

Processional and Traditional Native Hawaiian Welcome and Ho'okupu

Diane Paloma, M.B.A.
Director, Native Hawaiian Health Program, The Queen's Health Systems

Naleen N. Andrade, M.D.
Psychiatry Chair, University of Hawai'i, School of Medicine

Call To Order

Carol A. Bernstein, M.D.
President of APA

Presentation of Check to Mental Health Kokua

Carol A. Bernstein, M.D.

Introduction of Stage Guests

Carol A. Bernstein, M.D.

Introduction of Donald M. Hilty, M.D.

Carol A. Bernstein, M.D.

Report From the Scientific Program Committee

Donald M. Hilty, M.D.

Introduction of Presidents and Representatives of United States and International Allied Organizations

Carol A. Bernstein, M.D.

Introduction of the President for the Presidential Address

Carolyn B. Robinowitz, M.D.

Presidential Address

Carol A. Bernstein, M.D.

Introduction of the President-Elect for the Response to the Presidential Address

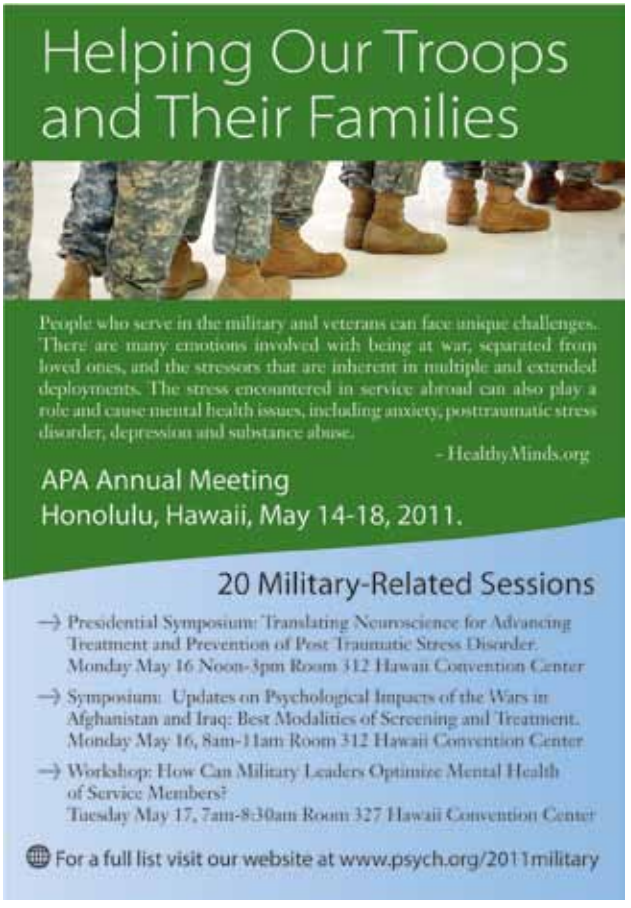
Stuart C. Yudofsky, M.D.

Response of the President-Elect

John M. Oldham, M.D., M.S.

Final Announcements/ Adjournment

Carol A. Bernstein, M.D.



Human Rights Award

Purpose:

The Human Rights Award was established to recognize an individual and an organization whose efforts exemplify the capacity of human beings to act courageously and effectively to prevent human rights violations, to protect others from human rights violations and their psychiatric consequences, and to help victims recover from human rights abuses.

Nomination Procedures:

APA members are asked to submit nominations by **July 1, 2011** to:

Council on Psychiatry and Law
American Psychiatric Association
c/o Lori Klinedinst, Staff Liaison
1000 Wilson Blvd., Suite 1825
Arlington, VA 22209
E-mail: advocacy@psych.org

The nomination letter should succinctly describe the contributions that are the basis for the nomination and be accompanied by a curriculum vitae of the nominee. The Council on Psychiatry and Law will serve as the award review panel in determining the recipients of this award. The recipients will receive a plaque which will be awarded during the Convocation at the APA's Annual Meeting in May.

MONDAY

Program changes are printed each day in the **Daily Bulletin** which can be picked up in the Hawaii Convention Center. A mobile application will also be available.

7:00 A.M. SESSIONS

NEW RESEARCH POSTER: SESSION 5

NEW RESEARCH POSTER SESSION 5

7:00 A.M. – 8:30 A.M.
Exhibit Hall

SCIENTIFIC AND CLINICAL REPORTS SESSION 19

SCR 19

7:00 A.M. – 8:30 A.M.
Room 318A/B, Level 3
Hawaii Convention Center

Historical Questions 5

Chair:
Elias Shaya, M.D.

63. Risks of Readmission in Patients Diagnosed With Bipolar, Major Depressive, or Schizoaffective Disorders: A Longitudinal Study
Stephen B. Woolley, D.Sc., M.P.H.

64. Development of a Comorbidity Index for Mental Health
Dianne L. Groll, Ph.D.

65. The Participation of German Physicians in the So-Called "Euthanasia Program" During the Third Reich: Motivations, Verdicts, and Sentences
Robert McKelvey, M.D.

66. Dreaming With Jung: Carl Jung's *Red Book*, and Critical Implications for Psychiatric Practice 90 Years Later
Scott A. Simpson, M.D., M.P.H.

A.M. 7

A.M. 8

SESSION TRACKS

1. Anxiety & Mood Disorders
2. Personality Disorders
3. Psychopharmacology
4. Psychotherapy
5. Schizophrenia and Other Psychotic Disorders
6. NIMH
7. DSM-5

WORKSHOPS

WORKSHOP 51

7:00 A.M. – 8:30 A.M.
Room 309, Level 3
Hawaii Convention Center

Charting the Next Frontier in Psychiatry: The Applications, Barriers, and Impact of Telepsychiatry on Mental Health Care

Chairs:
Sonya Lazarevic, M.D., M.S.W.
Steven E. Hyler, M.D.

WORKSHOP 52

7:00 A.M. – 8:30 A.M.
Room 325B, Level 3
Hawaii Convention Center

Approaching ADD in University Populations: Dosing, Diagnosing, and Detecting Those Just Looking for a Buzz

Chairs:
Gordon D. Strauss, M.D.
Beverly J. Fauman, M.D.

WORKSHOP 53

7:00 A.M. – 8:30 A.M.
Room 326A, Level 3
Hawaii Convention Center

Psychiatry at a Crossroads: Our Changing Role in the House of Medicine
APA Council on Psychosomatic Medicine and Geriatric Psychiatry

Chair:
Christopher W. Tjoa, M.D.

Presenter(s):
Deyadira Baez-Sierra, M.D.
Catherine C. Crone, M.D.
Melissa Maitland, M.D.
Mary H. Davis, M.D.
Anique K. Forrester, M.D.

WORKSHOP 54

7:00 A.M. – 8:30 A.M.
Room 326B, Level 3
Hawaii Convention Center

Motivational Therapy for Individuals With Concurrent Disorders 4

Chair:
Shimi Kang, M.D.

Presenter(s):
Shimi Kang, M.D.
Marilyn Herie, Ph.D.
Ximena Sanchez-Samper, M.D.
Arvinder K. Grewal, M.A.

WORKSHOP 55

7:00 A.M. – 8:30 A.M.
Carnation Room,
Second Floor
Ala Moana Hotel

Making the Most of Your Chief Year: Chief Residents' Forum I
FOR RESIDENTS ONLY

Chair:
Jonathan Amiel, M.D.

Presenter(s):
Anand Desai, M.D.,
Andrew Rosenfeld, M.D.
Tresha Gibbs, M.D.
Fumi Mitsuishi, M.D., M.S.
Christin Drake, M.D.
Filza Hussain, M.B.B.S

WORKSHOP 56

7:00 A.M. – 8:30 A.M.
Plumeria Room,
Second Floor
Ala Moana Hotel

Patient Suicide During Psychiatry Residency: A Workshop Discussion

Chairs:
Meredith A. Kelly, M.D.
Emily Gastelum, M.D.

Presenter(s):
Andrew Booty, M.D.
Christina Mangurian, M.D.
Peirce Johnston, M.D.

WORKSHOP 57

7:00 A.M. – 8:30 A.M.
Pakalana/Anthurium Rooms,
Second Floor
Ala Moana Hotel

Collateral Damage: Teaching Residents About The Impact of Patient Suicide

Chairs:
Joan M. Anzia, M.D.
Glen O. Gabbard, M.D.

Presenter(s):
Richard Balon, M.D.
Sidney Zisook, M.D.

WORKSHOP 58

7:00 A.M. – 8:30 A.M.
Ilima Room, Second Floor
Ala Moana Hotel

Dynamic Therapy With Self-Destructive Borderline Patients: An Alliance -Based Intervention for Suicide 2 4

Chair:
Eric M. Plakun, M.D.

Presenter(s):
Edward Robert Shapiro, M.D.
Eric M. Plakun, M.D.

COURSES

Course Descriptions are available in the **Course Brochure**. You can pick up a **Course Brochure** and purchase a course ticket in the Course Enrollment Area located in Exhibit Hall, Lobby, Level 1, Hawaii Convention Center. Admission to all courses, including Master Courses is by ticket only.

COURSE 18

7:00 A.M. – 11:00 A.M.
South Pacific II,
Mid-Pacific Conference Center
Hilton Hawaiian Village Hotel

ECT Practice Update for the General Psychiatrist 1

Director:
Laurie M. McCormick, M.D.

Faculty:
Andrew Krystal, M.D.
Peter B. Rosenquist, M.D.
Laurie M. McCormick, M.D.
Charles Kellner, M.D.
Donald P. Eknoyan, M.D.

COURSE 19

7:00 A.M. – 11:00 A.M.
South Pacific III,
Mid-Pacific Conference Center
Hilton Hawaiian Village Hotel

Street Drugs and Mental Disorders: Overview and Treatment of Dual Diagnosis Patients

Director:
John W. Tsuang, M.D.

Faculty:
Reef Karim, M.D.
Larissa Mooney, M.D.
Timothy W. Fong, M.D.

COURSE 20

7:00 A.M. – 11:00 A.M.
South Pacific IV,
Mid-Pacific Conference Center
Hilton Hawaiian Village Hotel

The Detection of Malingered Mental Illness

Director:
Phillip J. Resnick, M.D.

COURSE 21

7:00 A.M. – 11:00 A.M.
Hibiscus Room I,
Kalia Executive Conference Center
Hilton Hawaiian Village Hotel

Current Procedural Terminology Coding and Documentation

Director:
Ronald M. Burd, M.D.

Faculty:
Tracy R. Gordy, M.D.
Ronald M. Burd, M.D.
David K. Nace, M.D.
Allan A. Anderson, M.D.

COURSE 22

7:00 A.M. – 11:00 A.M.
Honolulu Room III,
Tapa Conference Center
Hilton Hawaiian Village Hotel

Exploring Technologies in Psychiatry
American Association for Technology in Psychiatry

Co-Directors:
Robert S. Kennedy, M.A.
John Luo, M.D.

Faculty:
Carlyle H. Chan, M.D.

COURSE 23

7:00 A.M. – 11:00 A.M.
Tapa Ballroom III,
Tapa Conference Center
Hilton Hawaiian Village Hotel

Internal Medicine Update: What Psychiatrists Need to Know

Co-Directors:
Monique V. Yohanan, M.D.
Michele T. Pato, M.D.

Faculty:
Robert Cobb, M.D.

COURSE 24

7:00 A.M. – 11:00 A.M.
Iolani Suite VI-VII,
Tapa Conference Center
Hilton Hawaiian Village Hotel

Mentalization-Based Treatment (MBT) for BPD: Introduction to Clinical Practice 2 4

Co-Directors:
Anthony W. Bateman, M.B.B.S, M.R.C.
Peter Fonagy, Ph.D.

SEMINAR

SEMINAR 8

7:00 A.M. – 11:00 A.M.
Hibiscus Room II,
Kalia Executive Conference Center
Hilton Hawaiian Village Hotel

Evidence-Based Psychodynamic Therapy 4

Co-Directors:
Richard F. Summers, M.D.
Jacques P. Barber, Ph.D.

COURSES

Please note that some courses may appear out of sequence. This is due to changes made in the course length after registration opened.

COURSE 25

7:00 A.M. – 2:00 P.M.
Sea Pearl I-III,
Mid-Pacific Conference Center
Hilton Hawaiian Village Hotel

Yoga of the East and West: Integrating Breath Work and Meditation Into Clinical Practice

Co-Directors:
Patricia L. Gerbarg, M.D.
Richard P. Brown, M.D.

Faculty:
Richard P. Brown, M.D.
Patricia L. Gerbarg, M.D.
Martin Katzman, M.D.
Monica Vermani, M.A., Psy.D.

COURSE 26

7:00 A.M – 2:00 P.M.
Kahili Suite,
Kalia Executive Conference Center
Hilton Hawaiian Village Hotel

A Practical Approach to Risk Assessment

Director:
William H. Campbell, M.D., M.B.A.

COURSE 27

7:00 A.M – 2:00 P.M.
Honolulu Room II, Tapa Conference Center
Hilton Hawaiian Village Hotel

Autism Spectrum Disorders: Diagnostic Classification, Neurobiology, Biopsychosocial Interventions, and Pharmacologic Management 3 4

Co-Directors:
Kimberly A. Stigler, M.D.
Alice R. Mao, M.D.

A.M. 7

P.M. 2

Faculty:
Mathew Brams, M.D.
Eric Courchesne, Ph.D.
James Sutcliffe, Ph.D.
Stephanie Hamarman, M.D.

COURSE 28
7:00 A.M – 2:00 P.M.
Rainbow Rooms III, Rainbow Tower
Hilton Hawaiian Village Hotel

Psychodynamic Psychopharmacology: Applying Practical Psychodynamics to Improve Pharmacologic Outcomes With Treatment-Resistant Patients 3 4

Director:
David L. Mintz, M.D.

Faculty:
Barri Belnap, M.D.
David Flynn, M.D.
Samar Habl, M.D.

COURSE 29
7:00 A.M – 2:00 P.M.
Rainbow Room III, Rainbow Tower
Hilton Hawaiian Village Hotel

Trauma-Informed Care: Principles and Implementation 1

Director:
Sylvia Atdjian, M.D.

Faculty:
Tonier Cain
Lyndra Bills, M.D.

MASTER COURSE 4
7:00 A.M – 2:00 P.M.
Coral Room IV,
Mid-Pacific Conference Center
Hilton Hawaiian Village Hotel

Assessment and Treatment of Bipolar Disorder 1

Co-Directors:
Terence A. Ketter, M.D.
Po W. Wang, M.D.

SESSION TRACKS
1 Anxiety & Mood Disorders
2 Personality Disorders
3 Psychopharmacology
4 Psychotherapy
5 Schizophrenia and Other Psychotic Disorders
6 NIMH
7 DSM-5

Faculty:
Mytilee Vemuri, M.D., M.B.A.
John O. Brooks, Ph.D., M.D.
Kiki Chang, M.D.

8:00 A.M. SESSIONS

CASE CONFERENCE
CASE CONFERENCE 2
8:00 A.M. – 9:30 A.M.
Room 316C, Level 3
Hawaii Convention Center

Linking Medicine and Psychiatry: Clinical Cases in Psychosomatic Medicine
APA MEMBERS ONLY

Chair:
Michelle B. Riba, M.D., M.S.

Presenter(s):
Rachel L. Glick, M.D.
David C. Belmonte, M.D., M.S.
Michael I. Casher , M.D.
Sameh Dwaikat, M.D.

FORUM
FORUM 3
8:00 A.M. – 9:30 A.M.
Room 319A/B, Level 3
Hawaii Convention Center

***DSM-5*: Research and Development** 7
American Psychiatric Institute for Research & Education

Chairs:
David J. Kupfer, M.D.
Darrel A. Regier, M.D.

Presenter(s):
Oye Gureje, M.D., D.Sc.
Lawson R. Wulsin, M.D.
Bruce N. Cuthbert, Ph.D.

FOCUS LIVE 1
8:00 A.M. – 9:30 A.M.
Room 323A-C, Level 3
Hawaii Convention Center

Treatment-Resistant Disorders

Chair:
Charles B. Nemeroff, M.D.

LECTURES
LECTURE 11
8:00 A.M. – 9:30 A.M.
Room 311, Level 3
Hawaii Convention Center

Wrongful Convictions: Challenges for Psychiatry and Forensic Science
Outside Guest Lecture

Barry C. Scheck, J.D.

Chair:
Elizabeth B. Ford, M.D.

Co-Chair:
Shelly Cohen, M.D., J.D.

BIO

Barry C. Scheck, J.D., is a Professor of Law at the Benjamin N. Cardozo School of Law in New York. He has served as the Director of Clinical Education, Co-Director of the Trial Advocacy Programs, and the Jacob Burns Center for Ethics in the Practice of Law. He was a staff attorney at The Legal Aid Society in New York before joining the faculty at Cardozo. Scheck and his colleague Peter Neufeld cofounded and codirect the Innocence Project, an independent nonprofit organization that uses DNA evidence to exonerate the wrongly convicted. The Project also assists police, prosecutors, and defense attorneys in trying to bring about reform in many areas of the criminal justice system. In eighteen years, 258 individuals have been exonerated through post-conviction DNA testing.

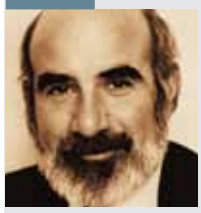
LECTURE 12
8:00 A.M. – 9:30 A.M.
Room 317A/B, Level 3
Hawaii Convention Center

Personality Disorders: Where Brain Meets Self
Judd Marmor Award Lecture

Larry J. Siever, M.D.

Chair:
Stuart C. Yudofsky, M.D.

BIO



Larry J. Siever, M.D., is Professor of Psychiatry at Mount Sinai School of Medicine and Director of Mental Illness Research, Education, and Clinical Center and the Mood and Personality Disorders Program at Bronx VA Medical Center. Earlier he was Chief of the Unit on Biological Correlates of Behavior at the National Institute of Mental Health. Dr. Siever specializes in personality disorders, schizophrenia, depression, and borderline personality disorder.

SMALL INTERACTIVE SESSION
SMALL INTERACTIVE SESSION 4
8:00 A.M. – 9:30 A.M.
Room 322A, Level 3
Hawaii Convention Center

Opportunities in the Addiction Field: What You Should Know About Treatment, Training, and Research
RESIDENTS ONLY

Chair:
Marc Galanter, M.D.

SMALL INTERACTIVE SESSION 5
8:00 A.M. – 9:30 A.M.
Room 322B, Level 3
Hawaii Convention Center

Patients With Personality Disorders 2
RESIDENTS ONLY

Chair:
John M. Oldham, M.D., M.S.

WORKSHOPS
WORKSHOP 59
8:00 A.M. – 9:30 A.M.
Room 321A, Level 3
Hawaii Convention Center

The War: Understanding and Confronting Scientology's Efforts to Destroy Psychiatry

Chair:
Stephen R. Wiseman, M.D.

Presenter(s):
Stephen Wiseman, M.D.
Nancy Many, B.S.
C. Lynn Partridge, M.D.
Stephen A. Kent, M.A., Ph.D.

WORKSHOP 60
8:00 A.M. – 9:30 A.M.
Room 321B, Level 3
Hawaii Convention Center

High-Yield Cognitive-Behavior Therapy for Brief Sessions

Chair:
Jesse H. Wright, M.D., Ph.D.

Presenter(s):
Donna M. Sudak, M.D.
David A. Casey, M.D.
Judith S. Beck, Ph.D.
Jesse H. Wright, M.D., Ph.D.

ADVANCES IN RESEARCH
ADVANCES IN RESEARCH 1
8:00 A.M. – 11:00 A.M.
Room 313AC, Level 3,
Hawaii Convention Center

Advances in Research 1

Chair:
Herbert Pardes, M.D.

1. **Anxiety Disorder in Children and Adolescents: State of the Art Assessment and Treatment**
   John T. Walkup, M.D.

2. **PTSD, Major Depression, and the Risk for Suicidal Behavior**
   Maria A. Oquendo, M.D.

3. **Successful Cognitive Aging and Wisdom**
   Dilip V. Jeste, M.D.

4. **Depression and Diabetes: Unhealthy Bedfellows**
   Wayne Katon, M.D.

PRESIDENTIAL SYMPOSIUM
PRESIDENTIAL SYMPOSIUM 3
8:00 A.M. – 11:00 A.M.
Room 310 Lili' U Theater, Level 3
Hawaii Convention Center

Psychiatry and Primary Care Collaboration Under Health Care Reform: Sustainable Models That Improve Access and Quality

Chair:
Henry Chung, M.D.

1. **Collaborative Care for College Students: The National College Depression Partnership (NCDP)**
   Henry Chung, M.D.

2. **Health Plan Implementation of Primary Care-Based Behavior Health Services**
   Hyong Un, M.D.

3. **Improving Mental Health Care For Medical Outpatients: A Co-Location Model Using Psychiatrists in Urban Primary Care Settings**
   Bruce J. Schwartz, M.D.

4. **Improving Medical Care of Patients Receiving Behavior Health Care**
   Joseph J. Parks, M.D.

5. **Achieving Comprehensive, Sustainable Models of Care in the Patient-Centered Medical Home Under Health Care Reform**
   Frank Degruy, M.D.

MEDIA WORKSHOP
MEDIA WORKSHOP 5
8:00 A.M. – 11:00 A.M.
Room 320, Emalani Theater, Level 3
Hawaii Convention Center

Psychotherapeutic Augmentation of Medication Checks Using Functional Analytic Psychotherapy (FAP) 4

Chairs:
Grant Miller, M.D.
Barbara Kohlenberg, Ph.D.

SYMPOSIA
SYMPOSIUM 34
8:00 A.M. – 11:00 A.M.
Room 312, Level 3
Hawaii Convention Center

Updates on Psychological Impacts of the Wars in Afghanistan and Iraq: Best Modalities of Screening and Treatment

Chairs:
Elspeth C. Ritchie, M.D., M.P.H.
Carroll J. Diebold, M.D.

1. **Managing the Effects of Combat Trauma: The Evolving Practice at Walter Reed Army Medical Center**
   John C. Bradley, M.D.,
   Scott C. Moran, M.D.

2. **The Pacific Psychological Health Task Force: Enhancing Treatment Through Establishment of Partnerships in the Pacific Region**
   Carroll J. Diebold, M.D.

3. **Pharmacotherapy for PTSD in Combat Veterans: Challenges and Opportunities**
   David M. Benedek, M.D.

4. **Building DoD/VA/State and Community Partnership in Service to OEF/OIF Veterans and Their Families: Military Culture and Community Competence**
   Harold Kudler, M.D.

SYMPOSIUM 35
8:00 A.M. – 11:00 A.M.
Room 314, Level 3
Hawaii Convention Center

Teaching What Every Psychiatrist Needs to Know About Neuroscience 6
National Institute of Mental Health

Chairs:
Mayada Akil, M.D.
Thomas R. Insel, M.D.

1. **Organizing a Neuroscience Course Around the Research Domain Criteria Project (RDoC)**
   Amit Etkin, M.D., Ph.D.

2. **Teaching Neuroscience to Psychiatry Residents: What to Teach and How to Teach It**
   Mayada Akil, M.D.

3. **Integrating Neuroscience in the Training of Psychiatrists: The Yale Experience**
   David A. Ross, M.D., Ph.D.

4. **The Vermont Neuroscience Lecture Series: The Use of Telemedicine to Teach the Genetics and Developmental Neurobiology of Psychiatric Disorders**
   James Hudziak, M.D.

SYMPOSIUM 36
8:00 A.M. – 11:00 A.M.
Room 316A, Level 3
Hawaii Convention Center

The Shrinking Psychotherapeutic Pipeline: Why Has the Spigot Been Turned Off? 3
National Institute on Drug Abuse

Chairs:
Margaret Grabb, Ph.D.
Ivan D. Montoya, M.D., M.P.H.

1. **Increasing the Validity of Animal Models of Depression by Genetic-Environment Interactions**
   Irwin Lucki, Ph.D.

2. **New Drugs to No Drugs: Antidepressants and Drug Discovery/Development**
   David Michelson, M.D.

3. **Cross-Species Tests for Cognition Enhancement in Schizophrenia**
   Mark A. Geyer, Ph.D.

4. **Alzheimer's Disease Clinical Trial Failures: Ineffective Drugs or Flawed Clinical Trials?**
   Nigel H. Greig, Ph.D.

SYMPOSIUM 37
8:00 A.M. – 11:00 A.M.
Room 316B, Level 3
Hawaii Convention Center

Is Whole Person Psychiatry Possible?

Chair:
John R. Peteet, M.D.

1. **Whole Person Care in Psychiatry and in Palliative Medicine**
   John R. Peteet, M.D.

2. **Clinical Implications of Research on Healthy Personality Functioning**
   C. Robert Cloninger, M.D.

3. **Patient Preferences and Values: The Connecting Thread Between Evidence-Based Medicine and Cultural Competence**
   Francis Lu, M.D.

4. **Spirituality and Health: Guidelines for Clinical Care and Curriculum Development**
   Christina Puchalski, M.D.

5. **Comprehensive Treatment of Complex Patients: The Psychiatrist's Role**
   Nadine J. Nyhus, M.D., M.A.

SYMPOSIUM 38
8:00 A.M. – 11:00 A.M.
Room 324, Level 3
Hawaii Convention Center

Integrating Couples and Family Treatment Into Patient Care

Chairs:
Alison M. Heru, M.D.
Ira D. Glick, M.D.

1. **Skills to Incorporate a Family Assessment Into a Comprehensive Biopsychosocial Assessment**
   Alison Heru, M.D.

2. **Different Models of Family and Couples Therapy**
   Ira D. Glick, M.D.

SYMPOSIUM 39
8:00 A.M. – 11:00 A.M.
Room 325A, Level 3
Hawaii Convention Center

Harm Reduction and Prevention of Stalking

Chair:
Gail E. Robinson, M.D.

1. **Stalking of Healthcare Professionals: Reducing the Risk**
   Gail E. Robinson, M.D.

2. **Treatment of Stalkers**
   Werner Tschan, M.D.

3. **Stalking Behavior Among Juveniles: Opportunities for Early Intervention**
   Rosemary Purcell, Ph.D.

4. **Assessment and Management of Stalking and Threatening Activity in Campus Settings**
   Mario J. Scalora, Ph.D.

SYMPOSIUM 40
8:00 A.M. – 11:00 A.M.
Room 327, Level 3
Hawaii Convention Center

Evidence-Based Outcomes in Psychiatry: Updates on Measurement Using Patient-Reported Outcomes (PRO) 7
APA Task Force on DSM-5

Chairs:
June Cai, M.D.
Massimo Moscarelli, M.D.

1. **Patient-Reported Outcome Measures in *DSM-5***
   William E. Narrow, M.D., M.P.H.

2. **Patient-Reported Outcomes Measurement Information System (PROMIS): Overview and Applications for Mental Health Research**
   William Riley, Ph.D.

3. **Patient-Reported Outcome Measure in Clinical Trials: An FDA Perspective**
   June Cai, M.D.

4. **International Pilot Study on Patient-Reported Outcomes in Schizophrenia**
   Massimo Moscarelli, M.D.

SYMPOSIUM 41
8:00 A.M. – 11:00 A.M.
Room 328, Level 3
Hawaii Convention Center

Longitudinal Course and Outcome in BPD 2

Chair:
Paul H. Soloff, M.D.

1. **Parental Viewpoints on Trajectories to the Development of BPD in Males**
   Marianne S. Goodman, M.D.

2. **Rates of Recurrence of the Symptoms of BPD After Sustained Symptomatic Remission**
   Mary C. Zanarini, Ed.D.

3. **Prospective Predictors of Suicide Attempts in BPD at 6-Year Follow-Up**
   Paul H. Soloff, M.D.

SESSION TRACKS
1 Anxiety & Mood Disorders
2 Personality Disorders
3 Psychopharmacology
4 Psychotherapy
5 Schizophrenia and Other Psychotic Disorders
6 NIMH
7 DSM-5

8 A.M.
11 A.M.

4. **Prospective Risk Factors for Suicide Attempts in a Treated Sample of Patients With BPD**
   Paul S. Links, M.D.

SYMPOSIUM 42
8:00 A.M. – 11:00 A.M.
Hibiscus Ballroom II, Second Floor
Ala Moana Hotel

Madness and the City: Facing De- and ReInstitutionalization in Western European Metropolises

Chairs:
Joséphine Caubel, M.D.
Jürgen Gallinat, Ph.D., M.D.

1. **Characteristics and Impact of De- and Re-Institutionalization in Western Europe**
   Joséphine Caubel, M.D.
2. **Cities as Creators of Madness I**
   Wilco Tuinebreijer, M.D.
3. **Cities as Creators of Madness II**
   Jack Dekker, Ph.D.
4. **Integrative Care: The Way From Hospital to Outpatient Settings in Germany**
   Jürgen Gallinat, Ph.D., M.D.
5. **Birmingham: An Integrated Model of Hospital and Community Mental Health Service Provision**
   Mervyn H. H. Morris, M.A., Ed.D.
6. **Assertive Community Treatment in Amsterdam: The Dutch Answer to Deinstitutionalization**
   Jeroen Zoeteman, M.D.

SYMPOSIUM 43
8:00 A.M. – 11:00 A.M.
Garden Lanai, Second Floor
Ala Moana Hotel

Placebo Effects in Psychiatry

Chair:
Devdutt Nayak, M.D.

1. **The Psychology and Psychodynamics of the Placebo Response**
   Javier Garcia, M.D.
2. **Placebo Effect in Clinical Trials**
   Intikhab Ahmad, M.D.
3. **Ethical Dilemmas in the Use of Placebo**
   Joel Idowu, M.D.
4. **The Neurobiology of Placebo Effects**
   William Head, M.D.
5. **The Placebo Effects in Clinical Practice**
   Sheldon Blackman, Ph.D.

9:00 A.M. SESSIONS
SCIENTIFIC AND CLINICAL REPORTS SESSION 20
SCR 20
9:00 A.M. – 10:30 A.M.
Room 318A/B, Level 3
Hawaii Convention Center

Miscellaneous Topics and Neuropsychiatry 5

Chair:
Peter Thompson, M.D.

67. **Visualizing Mental Diseases: Distinct Plasma Levels of Cytokines and Cheamokines in Schizophrenia and Major Depressive Disorder**
    Sekiyama Atsuo, M.D., Ph.D.
68. **Diagnostic Stability in Major Depressive Disorder With Versus Without Psychotic Features**
    John W. Goethe, M.D.
69. **Conversion Disorder Presenting as Hemiplegia in a Patient With Familial Hemiplegic Migraine**
    George Paris, M.D.

WORKSHOPS
WORKSHOP 61
9:00 A.M. – 10:30 A.M.
Room 309, Level 3
Hawaii Convention Center

Guardianship and Advance Directives in Psychiatry

Chair:
Renee M. Sorrentino, M.D.

Presenter(s):
Susan Hatters Friedman, M.D.
Beesh Jain, M.D.

WORKSHOP 62
9:00 A.M. – 10:30 A.M.
Room 325B, Level 3
Hawaii Convention Center

Behavioral Addictions: New Category in the *DSM-5*

Chairs:
Ken Rosenberg, M.D.
Charles O'Brien, M.D., Ph.D.

WORKSHOP 63
9:00 A.M. – 10:30 A.M.
Room 326A, Level 3
Hawaii Convention Center

Gender-Specific Neurobiological, Behavioral, and Social Influence on Human Development: Implications for Heterosexual Relationships and Couples' Therapy

Chair:
Scott D. Haltzman, M.D.

WORKSHOP 64
9:00 A.M. – 10:30 A.M.
Room 326B, Level 3
Hawaii Convention Center

Examining the Social Determinants of Mental Health Among Various Racial/Ethnic Populations

Chairs:
Ruth S. Shim, M.D., M.P.H.
Monica Taylor-Desir, M.D., M.P.H.

Presenter(s):
Kaney Fedovskiy, M.D., M.P.H.

WORKSHOP 65
9:00 A.M. – 10:30 A.M.
Carnation Room, Second Floor
Ala Moana Hotel

Making the Most of Your Chief Year: Chief Residents' Forum II
FOR RESIDENTS ONLY

Chair:
Jonathan Amiel, M.D.

Presenter(s):
Anand Desai, M.D.
Andrew Rosenfeld, M.D.
Tresha Gibbs, M.D.
Fumi Mitsuishi, M.D., M.S.
Christin Drake, M.D.
Filza Hussain, M.B.B.S

WORKSHOP 66
9:00 A.M. – 10:30 A.M.
Plumeria Room, Second Floor
Ala Moana Hotel

Professional Transitions: The PGY-4 Journey Through Terminations and Graduation to "Real Life"

Chair:
Joan M. Anzia, M.D.

Presenter(s):
Shannon L. Wagner, M.D., M.P.H.
Kara Driscoll, B.A., M.D.
Erin Stanton, M.D.
Gaurava Agarwal, M.D.
Elizabeth A. McIlduff, M.D.
Mark Gindi, M.D.
Deep Buch, M.D.

WORKSHOP 67
9:00 A.M. – 10:30 A.M.
Pakalana/Anthurium Rooms, Second Floor
Ala Moana Hotel

NIMH Psychopharmacology Trials: How the Results Inform Practice 3

SESSION TRACKS

1. Anxiety & Mood Disorders
2. Personality Disorders
3. Psychopharmacology
4. Psychotherapy
5. Schizophrenia and Other Psychotic Disorders
6. NIMH
7. DSM-5

Chair:
Adelaide S. Robb, M.D.

Presenter(s):
Karen D. Wagner, M.D., Ph.D.
Graham Emslie, M.D.
John T. Walkup, M.D.

10:00 A.M. SESSIONS

ADVANCES IN MEDICINE

ADVANCES IN MEDICINE 2

10:00 A.M. – 11:30 A.M.
Room 315, Level 3
Hawaii Convention Center

Update on Epilepsy: The Diagnosis and Management of Patients With "Spells"

Chair:
Alan G. Stein, M.D.

FOCUS LIVE 2

10:00 A.M. – 11:30 A.M.
Room 323A-C, Level 3
Hawaii Convention Center

Substance Abuse

Chair:
Marc Galanter, M.D.

Obtain your Certificate of Attendance at <www.psych.org/AnnualMeetingCME>

LECTURES

LECTURE 13

10:00 A.M. – 11:30 A.M.
Room 311, Level 3
Hawaii Convention Center

Disease Biomarkers for Schizophrenia: From Laboratory to Patient Bedside 5
Frontiers of Science Lecture

Sabine Bahn, M.D., Ph.D.

Chair:
Iqbal Ahmed, M.D.

Co-Chair:
Anique K. Forrester, M.D.

BIO

Sabine Bahn, M.D., Ph.D., is a practicing clinician and holds an Honorary Consultant position in General Adult Psychiatry at Addenbrookes Hospital, Cambridge. She is a leading research scientist, Director of the CCNR at Cambridge University, and a fellow of Lucy Cavendish College. She cofounded Psynova Neurotech Ltd., which has launched the first blood test aiding in the early diagnosis of schizophrenia. Her research interests include understanding the molecular basis of neuropsychiatric and neurodevelopmental disorders, with a focus on major psychotic disorders, schizophrenia, and bipolar disorder. Psynova Neurotech Ltd won the Medical Futures Mental Health & Neuroscience Innovation Awards. In 2010 she was appointed Professor for Translational Neurosciences at Erasmus University Medical Centre, Department of Neuroscience, Rotterdam.

LECTURE 14

10:00 A.M. – 11:30 A.M.
Room 316C, Level 3
Hawaii Convention Center

The Alienist in the 21st Century
International Guest Lecture

Dinesh Bhugra, M.D., Ph.D.

Chair:
Edmond Hsin T. Pi, M.D.

Co-Chair:
Hassan Mohamed Fathy, M.D.

LECTURE 15

10:00 A.M. – 11:30 A.M.
Room 317A/B, Level 3
Hawaii Convention Center

30 Years of Experiences in Providing Mental Health Care to Asian Refugees and Immigrants 1
Kun-Po Soo Award Lecture

Paul K. Leung, M.D.

Chair:
Russell F. Lim, M.D.

BIO

Paul K. Leung, M.D., is Clinical Professor of Psychiatry, at the Oregon Health & Science University. He is also Medical Director of Psychiatry at the OHSU University Hospital, where he has worked for over 25 years. Dr. Leung began working at OHSU Intercultural Psychiatric Program (IPP) in1985 and became its director in 1995. IPP was established at the height of the influx of Indochinese refugees to address their severe mental and emotional problems. Dr. Leung is also the Medical Director of the Chinese Mental Health Clinic, which is a part of the Oregon Asian Health & Service Center, a clinic he established in 1984.

LECTURE 16

10:00 A.M. – 11:30 A.M.
Kalakaua Ballroom, Level 4
Hawaii Convention Center

Transforming Clinical Outcomes in Addiction
Frontiers of Science Lecture
National Institute on Drug Abuse

Nora D. Volkow, M.D.

Chair:
Shelly F. Greenfield, M.D., M.P.H.

BIO

Dinesh Bhugra, M.B.B.S., Ph.D., is Professor of Mental Health and Cultural Diversity at the Institute of Psychiatry, King's College London. He is an Honorary Consultant at the Maudsley Hospital, where he runs the sexual and couple therapy clinic. Dr. Bhugra's research interests include cultural psychiatry, sexual dysfunction, and service development. He is the Editor of the *International Journal of Social Psychiatry*, *International Review of Psychiatry*, and *International Journal of Culture and Mental Health*. Professor Bhugra has been instrumental in developing various training packages for health service professionals and psychiatric education. He has developed teaching modules and short courses for medical students and psychiatric trainees on cultural psychiatry and on cinema and psychiatry. In 2008 he was elected President of the Royal College of Psychiatrists.

Co-Chair:
Danielle N. Wroblewski, M.D.

BIO

Nora D. Volkow, M.D., became Director of the National Institute on Drug Abuse at the National Institutes of Health in 2003. NIDA supports research on the health aspects of drug abuse and addiction. Dr. Volkow's work has been instrumental in demonstrating that drug addiction is a disease of the human brain. As a research psychiatrist and scientist, Dr. Volkow pioneered the use of brain imaging to investigate the toxic effects of drugs and their addictive properties. She also made important contributions to the neurobiology of obesity, ADHD, and the behavioral changes that occur with aging. Dr. Volkow was selected for membership in the Institute of Medicine in the National Academy of Sciences and was recently named one of Time Magazine's "Top 100 People Who Shape our World."

NEW RESEARCH POSTER: SESSION 6

NEW RESEARCH POSTER SESSION 6

10:00 A.M. – 11:30 A.M.
Exhibit Hall

SMALL INTERACTIVE SESSIONS

! Session requires pre-registration and ticket for admission.

SMALL INTERACTIVE SESSION 6

10:00 A.M. – 11:30 A.M.
Room 322A, Level 3
Hawaii Convention Center

Child Psychopharmacology: Current Controversies 3

Chair:
Barbara J. Coffey, M.D., M.S.

SMALL INTERACTIVE SESSION 7

10:00 A.M. – 11:30 A.M.
Room 322B, Level 3
Hawaii Convention Center

Top 10 Geriatric Psychiatry Issues for the General Psychiatrist

Chair:
Josepha A. Cheong, M.D.

WORKSHOPS

WORKSHOP 68

10:00 A.M. – 11:30 A.M.
Room 319A/B, Level 3
Hawaii Convention Center

Does the Brain Ever Recover From Drug Addiction?
National Institute on Drug Abuse

Chair:
Steven Grant, Ph.D.

Presenter(s):
Marc N. Potenza, M.D., Ph.D.
Jay Nierenberg, M.D., Ph.D.
George Fein, M.D.
Diana Martinez, M.D.

WORKSHOP 69

10:00 A.M. – 11:30 A.M.
Room 321A, Level 3
Hawaii Convention Center

Computer-Assisted Cognitive-Behavior Therapy: Practical Implications for Everyday Practice

Chairs:
Amanda B. Mackey, M.D.
Sarah B. Johnson, M.D., M.S.C.

Presenter(s):
Joyce A. Spurgeon, M.D.
Jesse H. Wright, M.D., Ph.D.

WORKSHOP 70

10:00 A.M. – 11:30 A.M.
Room 321B, Level 3
Hawaii Convention Center

Challenges in Treating and Evaluating Physicians 4

Chair:
Glen O. Gabbard, M.D.

Presenter(s):
Glen O. Gabbard, M.D.
Holly Crisp-Han, M.D.
Gabrielle S. Hobday, M.D.

11:30 A.M. SESSIONS

COURSES

COURSE 30

11:30 A.M. – 3:30 P.M.
South Pacific III,
Mid-Pacific Conference Center
Hilton Hawaiian Village Hotel

Advanced Assessment and Treatment of ADHD

Director:
Thomas E. Brown, Ph.D.

Faculty:
Anthony L. Rostain, M.D., M.A.
Jefferson B. Prince, M.D.

COURSE 31

11:30 A.M. – 3:30 P.M.
South Pacific IV,
Mid-Pacific Conference Center
Hilton Hawaiian Village Hotel

The Psychiatrist as Expert Witness

Director:
Phillip J. Resnick, M.D.

COURSE 32

11:30 A.M. – 3:30 P.M.
Hibiscus Room I,
Kalia Executive Conference Center
Hilton Hawaiian Village Hotel

Multidisciplinary Treatment of Chronic Pain

Co-Directors:
Vladimir Bokarius, M.D., Ph.D.
Steven Richeimer, M.D.

Faculty:
Yogi Matharu, D.P.M.
Camille Dieterle, O.T.
Ali Nemat, M.D.
Faye M. Weinstein, Ph.D.

COURSE 33

11:30 A.M. – 3:30 P.M.
Honolulu Room III,
Tapa Conference Center
Hilton Hawaiian Village Hotel

Culturally Appropriate Assessment Made Incredibly Clear: A Skills-Based Course With Hands-On Experiences

Director:
Russell F. Lim, M.D.

Faculty:
Puja Chadha, M.D.
Russell F. Lim, M.D.
Francis Lu, M.D.

COURSE 34

11:30 A.M. – 3:30 P.M.
Tapa Ballroom III,
Tapa Conference Center
Hilton Hawaiian Village Hotel

Management of Psychiatric Disorders in Pregnant and Postpartum Women 1

Co-Directors:
Shaila Misri, M.D.
Diana Carter, M.D.

Faculty:
Deirdre Ryan, M.D.
Shari I. Lusskin, M.D.

A.M. 11

P.M. 1

COURSE 35

11:30 A.M. – 3:30 P.M.
Iolani Suite VI-VII, Tapa Conference Center
Hilton Hawaiian Village Hotel

Can't Work or Won't Work? Psychiatric Disability Evaluations

Director:
Liza H. Gold, M.D.

Faculty:
Donna Vanderpool, J.D., M.B.A.
William J. Stejskal, Ph.D.

SEMINARS

! Session requires pre-registration and ticket for admission.

SEMINAR 9

11:30 A.M. – 3:30 P.M.
South Pacific II,
Mid-Pacific Conference Center
Hilton Hawaiian Village Hotel

Overview of Recovery for Psychiatrists

Director: Mark Ragins, M.D.

SEMINAR 10

11:30 A.M. – 3:30 P.M.
Hibiscus Room II,
Kalia Executive Conference Center
Hilton Hawaiian Village Hotel

Practical Guide to the Performance of the Mental Status Examination

Director:
Stephen I. Deutsch, M.D., Ph.D.

Faculty:
Stephen I. Deutsch, M.D., Ph.D.
David R. Spiegel, M.D.

NOON SESSIONS

CASE CONFERENCE

CASE CONFERENCE 3

NOON – 1:30 P.M.
Room 317A/B, Level 3
Hawaii Convention Center

Evaluating and Treating the Psychological Effects of War 1
APA MEMBERS ONLY

Chairs.:
Elspeth C. Ritchie, M.D., M.P.H.
Marvin A. Oleshansky, M.D.

Presenter(s):
Brett Schneider, M.D.
Scott C. Moran, M.D.
John C. Bradley, M.D.

FORUM

FORUM 4

NOON – 1:30 P.M.
Room 310 Lili' U Theater, Level 3
Hawaii Convention Center

Health Reform: Transforming Addiction Services in the United States
National Institute on Drug Abuse

Chairs:
Nora D. Volkow, M.D.
Wilson M. Compton, M.D.

Presenter(s):
A. Thomas McLellan, Ph.D.
H. Westley Clark, M.D., J.D

LECTURES

LECTURE 17

NOON – 1:30 P.M.
Room 311, Level 3
Hawaii Convention Center

Translating Neural Circuits Into Novel Therapeutics for Schizophrenia 5 6
Distinguished Psychiatrist Lecture
National Institute of Mental Health

David A. Lewis, M.D.

Chair:
Annette M. Matthews, M.D.

Co-Chair:
Steve Hyun Koh, M.D.

BIO

David A. Lewis, M.D., is the UPMC Endowed Professor in Translational Neuroscience and Chairman of the Department of Psychiatry, University of Pittsburgh; Director of the Translational Neuroscience Program; and Medical Director and Director of Research at Western Psychiatric Institute and Clinic. He serves as Director of an NIMH Conte Center for the Neuroscience of Mental Disorders, which is focused on understanding the role of prefrontal cortical dysfunction in the pathophysiology of schizophrenia. He has received NIMH Senior Scientist and MERIT Awards, a Distinguished Investigator Award from NARSAD, and is a Fellow in both the American College of Neuropsychopharmacology and the American College of Psychiatrists. He is a member of the Institute of Medicine of the National Academy of Sciences and serves on the National Advisory Mental Health Council.

LECTURE 18

NOON – 1:30 P.M.
Room 313AC, Level 3
Hawaii Convention Center

Stress, Cortisol and Psychosis in Depression 1 5
Distinguished Psychiatrist Lecture

Alan F. Schatzberg, M.D.

Chair:
Barton J. Blinder, M.D.

Co-Chair:
Ifeanyi Izediuno, M.D.

BIO

Alan F. Schatzberg, M.D., is Kenneth T. Norris, Jr., Professor in the Department of Psychiatry and Behavioral Sciences at Stanford University School of Medicine. Dr. Schatzberg has been an active investigator in the biology and psychopharmacology of depressive disorders, exploring norepinephrine systems in depression as a means of subtyping these disorders. He has also been an active investigator in the clinical psychopharmacology of nondelusional depression with a particular interest in chronic depression and pharmacogenetics. He has been honored with many awards and was elected into the Institute of Medicine of the National Academy of Sciences. He was the President of the American Psychiatric Association in 2009--2010.

SCIENTIFIC AND CLINICAL REPORTS SESSIONS 21-22

SCR 21

NOON – 1:30 P.M.
Room 316C, Level 3
Hawaii Convention Center

Psychopharmacology 2 2 3 5

Chairs:
Robert Caudill, M.D.
Adel Gabriel, M.D.

70. Current Prescribing Practices: Antipsychotic Polypharmacy in Patients With Schizophrenia and Schizoaffective Disorder
John M. Bonetti, D.O.

71. Bruxism and Antidepressants
Harvinder Singh, M.D.

72. Rapid Response of Disabling Tardive Dyskinesia to a Short Course of Amantadine
Gaurav Jain, M.D.

73. Prescription Rates of SSRIs After Introduction of Generic Equivalents: A Population-Based Study
James M. Bolton, M.D.

SCR 22
NOON – 1:30 P.M.
Hibiscus Ballroom II, Second Floor
Ala Moana Hotel

Schizophrenia and Other Psychotic Disorders 2 3 5

Chair:
Peter Thompson, M.D.

74. Parsing the Heterogeneity of Schizophrenia: The Utility of Four Early-Course Features in Subtyping First-Episode Nonaffective Psychosis
Michael T. Compton, M.D., M.P.H.

75. A Randomized Trial Examining the Effectiveness of Switching From Olanzapine, Quetiapine, or Risperidone to Aripiprazole to Reduce Metabolic Risk
Thomas S. Stroup, M.D., M.P.H.

76. Mood Symptoms in Patients Presenting With Primary Psychosis After Age 40: A Prospective Cohort Study
Rebecca Anglin, M.D.

77. Meta-Analysis of Phase III Trials of Iloperidone in the Short-Term Treatment of Schizophrenia: Efficacy Outcomes Based on Pretreatment Status
Stephen M. Stahl, M.D., Ph.D.

SMALL INTERACTIVE SESSIONS

! Session requires pre-registration and ticket for admission.

SMALL INTERACTIVE SESSION 8
NOON – 1:30 P.M.
Room 322A, Level 3
Hawaii Convention Center

Successful Cognitive and Emotional Aging: How Can We Get There

Chair:
Dilip V. Jeste, M.D.

SMALL INTERACTIVE SESSION 9
NOON – 1:30 P.M.
Room 322B, Level 3
Hawaii Convention Center

Management of Anxiety and Depression in the Medically Ill 1

Chair:
Catherine C. Crone, M.D.

WORKSHOPS

WORKSHOP 71
NOON – 1:30 P.M.
Room 323AC, Level 3
Hawaii Convention Center

Diagnostic Assessment in *DSM-5*: Approaches and Examples 7
American Psychiatric Institute for Research and Education

Chairs:
David J. Kupfer, M.D.
Darrel A. Regier, M.D.

WORKSHOP 72
NOON – 1:30 P.M.
Room 325B, Level 3
Hawaii Convention Center

Mental Health Issues and the Law of Deportation
APA Council on Psychiatry and Law

Chair:
Patricia R. Recupero, J.D., M.D.

Presenter(s):
Eugenio M. Rothe, M.D.

WORKSHOP 73
NOON – 1:30 P.M.
Room 326A, Level 3
Hawaii Convention Center

Primary Care Behavior Health Integration: Roles of the Key Team Members

Chair:
Lori Raney, M.D.

Presenter(s):
Lori Raney, M.D.
Benjamin Miller, Psy.D.
Frank Degruy, M.D.

WORKSHOP 74
NOON – 1:30 P.M.
Room 326B, Level 3
Hawaii Convention Center

The Older Adult Driver With Dementia: Safety Concerns and Physician Interventions
APA Council on Adult Psychiatry

Chair:
Helen H. Kyomen, M.D., M.S.

Presenter(s):
Helen H. Kyomen, M.D., M.S.
Robert P. Roca, M.D., M.P.H.
David A. Casey, M.D.

WORKSHOP 75
NOON – 1:30 P.M.
Plumeria Room, Second Floor
Ala Moana Hotel

Models for Maximizing Clinical Revenues and Supporting the Academic Mission: A Joint Presentation of the AACDP and AAP

Chairs:
Paul Summergrad, M.D.
Radmila Bogdanich, M.A.

Presenter(s):
Narriman C. Shahrokh
Lindsey K. Dozanti
Joseph D. Thomas, B.S., M.B.A.
Stuart Munro, M.D.

WORKSHOP 76
NOON – 1:30 P.M.
Pakalana/Anthurium Rooms, Second Floor
Ala Moana Hotel

Going International: Improving International Medical Graduates' Training Experiences During Psychiatry Residency

Chair:
Sanjeev Sockalingam, M.D.

Presenter(s):
Ari E. Zaretsky, M.D.
Susan E. Abbey, M.D.
Sanjeev Sockalingam, M.D.
Raed Hawa, M.D.

! SESSION TRACKS

1 Anxiety & Mood Disorders
2 Personality Disorders
3 Psychopharmacology
4 Psychotherapy
5 Schizophrenia and Other Psychotic Disorders
6 NIMH
7 DSM-5

WORKSHOP 77
NOON – 1:30 P.M.
Ilima Room, Second Floor
Ala Moana Hotel

What Have You Done for Me Lately: Identifying Early Career Psychiatrists' Needs and Resources Within the APA
Membership Committee

Chair:
Nioaka N. Campbell, M.D.

Presenter(s):
Mark H. Townsend, M.D., M.S.
Chetana Kulkarni, M.D.
Emily Stein, M.D.
Alan D. Schlechter, M.D.

NOON SESSIONS
ADVANCES IN SERIES 3
ADVANCES IN PSYCHOTHERAPY
NOON – 3:00 P.M.
Room 315, Level 3
Hawaii Convention Center

Advances in Psychotherapy 1 4

Chair:
Glen O. Gabbard, M.D.

1. **Psychotherapies for Hyperarousal and Dissociative Subtypes of PTSD: Similarities and Differences**
   David Spiegel, M.D.

2. **Psychotherapy Induces Proliferation of Brain Serotonin 5-HT1A Receptors but Does Not Influence Dopamine D 2/3 Receptors in Patients With Major Depressive Disorder**
   Hasse Karlsson, M.D., Ph.D.

3. **Psychotherapy Plus Medication For Addictive Disorders**
   Charles O'Brien, M.D., Ph.D.

4. **Psychotherapy With Suicidal Patients**
   Barbara H. Stanley, Ph.D.

MEDIA WORKSHOP
MEDIA WORKSHOP 6
NOON – 3:00 P.M.
Room 320, Emalani Theater, Level 3
Hawaii Convention Center

Out in the Silence: A Film About Being Gay or Lesbian in Small Town America
American Academy of Child & Adolescent Psychiatry

Chair:
Richard R. Pleak, M.D.

Presenter(s):
Joe Wilson, B.A.
Dean Hamer, Ph.D.

PRESIDENTIAL SYMPOSIUM
PRESIDENTIAL SYMPOSIUM 4
NOON – 3:00 P.M.
Room 312, Level 3
Hawaii Convention Center

Translating Neuroscience for Advancing Treatment and Prevention of PTSD 1

Chair:
Charles R. Marmar, M.D.

1. **Interrupting the Intergenerational Transmission of Trauma by Treating Maternal PTSD and Optimizing Maternal Care**
   Claude M. Chemtob, Ph.D.

2. **Targeting Peptide Neurotransmitters for Novel Pharmacological Treatments of PTSD**
   Thomas C. Neylan, M.D.

3. **Neuroscience Informed Strategies for Early Intervention for PTSD**
   Arieh Y. Shalev, M.D.

4. **Neuroscience Informed Strategies for Early Intervention for PTSD: What to Do in the First Hours After Exposure**
   Charles R. Marmar, M.D.

SYMPOSIA
SYMPOSIUM 44
NOON – 3:00 P.M.
Room 309, Level 3
Hawaii Convention Center

Comprehensive HIV Psychiatry Update

Chair:
Karl Goodkin, M.D., Ph.D.

1. **An Overview of the Changes and Controversies in Diagnosis and Treatment of HIV/AIDS Over the Last 30 Years**
   Drew A. Kovach, M.D.

2. **Neuropsychiatric Overview**
   Marshall Forstein, M.D.

3. **Neurocognitive Decline**
   Karl Goodkin, M.D., Ph.D.

4. **Psychopharmacology**
   Stephen J. Ferrando, M.D.

SYMPOSIUM 45
NOON – 3:00 P.M.
Room 314, Level 3
Hawaii Convention Center

Research Update: New Developments in the Treatment of Mood Disorders 6
National Institute of Mental Health

Chair:
Matthew Rudorfer, M.D.

1. **The NIMH Bipolar Trials Network Lithium Treatment Moderate Dose Use Study (LiTMUS): A Randomized Comparative Effectiveness Trial of Adjunctive Lithium**
   Joseph R. Calabrese, M.D.

2. **Combining Medications to Enhance Depression Outcomes (CO-MED) Study: Are Two Antidepressants Better Than One?**
   Madhukar Trivedi, M.D.

3. **New Insight Into the Neurobiology of Depression and the Development of Rapid-Acting Antidepressants and Biomarkers of Response**
   Carlos A. Zarate, M.D.

4. **TMS, and Magnetic Seizure Therapy in Animals**
   Sarah H. Lisanby, M.D.

SYMPOSIUM 46
NOON – 3:00 P.M.
Room 316A, Level 3
Hawaii Convention Center

Recovery: Practical and Policy Lessons From Around the World

Chair:
Nada L. Stotland, M.D., M.P.H.

Discussant:
Helen E. Herrman, M.D., M.B.

SESSION TRACKS
1 Anxiety & Mood Disorders
2 Personality Disorders
3 Psychopharmacology
4 Psychotherapy
5 Schizophrenia and Other Psychotic Disorders
6 NIMH
7 DSM-5

1. **The Experience of Soul/Atman/ Center/Hara/Seika Tanden/ Spirit as an Essential Element of Being Necessary for Flourishing to Progress to Recovery**
   Carl C. Bell, M.D.

2. **The Impact of Health Reform on the Recovery Movement in America**
   Steven S. Sharfstein, M.D., M.P.A.

3. **Recovery: Practical and Policy Lessons From Around the World**
   Jair Mari, M.D.

4. **Recovery, Psychiatry, and Federal Mental Health Policy in the U.S.**
   Kenneth S. Thompson, M.D.

SYMPOSIUM 47
NOON – 3:00 P.M.
Room 316B, Level 3
Hawaii Convention Center

Treatment-Resistant Depression: A Roadmap for Effective Care 1 3

Chairs:
John F. Greden, M.D.
Michelle B. Riba, M.D., M.S.

Discussant:
Melvin G. McInnis, M.D.

1. **Treatment-Resistant Depression: Overview of the University of Michigan Depression Center Roadmap**
   John F. Greden, M.D.

2. **Psychopharmacological Roadmap for Treatment-Resistant Depression**
   Srijan Sen, M.D., Ph.D.

3. **The Utility and Evidence for Integration of Psychotherapy Into the Conceptualization and Clinical Care of Treatment-Resistant Depression**
   Heather Flynn, Ph.D.

4. **Treatment-Resistant Depression (TRD) Among Adolescents**
   Neera Ghaziuddin, M.D.

5. **Treatment-Resistant Depression: A Roadmap for Effective Care**
   Michelle B. Riba, M.D., M.S.

6. **Device-Related Neuromodulation in Treatment-Resistant Depression**
   Daniel F. Maixner, M.D., M.S.

SYMPOSIUM 48
NOON – 3:00 P.M.
Room 318A/B, Level 3
Hawaii Convention Center

Psychiatric Malpractice: Maintaining Solid Footing on Shaky Ground

Chair:
Praveen R. Kambam, M.D.

1. **Important Clinical and Legal Concepts Pertaining to Psychiatric Malpractice**
   Craig Beach, M.D., M.S.C.

2. **Cases to Illustrate Practical Strategies to Minimize Malpractice Risk and Navigate the Legal System in the Event of a Lawsuit**
   Praveen R. Kambam, M.D.

3. **What Really Occurs During a Malpractice Action**
   Louis J. DelSignore, J.D., Esq.

4. **Potential Emotional, Ethical, and Practical Implications of Being Sued**
   Carolyn R. Wolf, Esq., M.S.

SYMPOSIUM 49
NOON – 3:00 P.M.
Room 319A/B, Level 3
Hawaii Convention Center

Challenges and Conflicts in Professional Leadership at Psychiatric Institutions

Chair:
Otto F. Kernberg, M.D.

1. **Challenges and Conflicts in Professional Leadership at Psychiatric Institutions**
   Robert Michels, M.D.

2. **The Evolving Clinical Administrative Function**
   Richard Munich, M.D.

SYMPOSIUM 50
NOON – 3:00 P.M.
Room 321A, Level 3
Hawaii Convention Center

Neural Correlates of REM and Dreaming: Implications for Dream Theory

Chairs:
J. Allan Hobson, M.D.
Jimmie L. Harris, D.O.

1. **Human Genotypic and Phenotypic Adaptations to Their Environments**
   Jimmie Harris, D.O.

2. **Functional MRI Evidence for Multisensory Recruitment Associated With REM During Sleep**
   Charles Chong Hwa Hong, M.D., Ph.D.

3. **Imaging Correlates of Lucid Dreaming**
   Renate Wehrle, Ph.D.

4. **Quantitative EEG Correlates of Lucid Dreaming**
   Ursula U. Voss, Ph.D.

SYMPOSIUM 51
NOON – 3:00 P.M.
Room 321B, Level 3
Hawaii Convention Center

Bipolar Disorder: Controversies in Epidemiology and Treatment in Children and Adults in the U.S. and France: Vive la Difference! 1

Chair:
Francois C. Petitjean, M.D.

1. **More Childhood-Onset Bipolar Illness in the U.S. Than in Europe**
   Robert Post, M.D.

2. **Bipolar Disorder: Under- or Over-Diagnosed**
   Jean Michel Azorin, M.D.

3. **Bipolar Disorder in Youth: Controversies in the U.S. and Abroad**
   Robert L. Hendren, D.O.

4. **Treatment Recommendations: The French Experience**
   Philippe Courtet, M.D., Ph.D.

5. **Prevalence and Characteristics of Bipolar Disorders in Patients With a Major Depressive Episode**
   Charles Bowden, M.D.

6. **The Challenge of Bipolar Depression Diagnosis and Treatment**
   Francois C. Petitjean, M.D.

SYMPOSIUM 52
NOON – 3:00 P.M.
Room 324, Level 3
Hawaii Convention Center

Psychiatric and Behavior Genetics: Ethical and Legal Challenges

Chairs:
Paul S. Appelbaum, M.D.
Steven K. Hoge, M.D., M.B.A.

1. **Psychiatric and Behavior Genetics and the Eugenic Legacy**
   Paul S. Appelbaum, M.D.

2. **Prenatal Genetic Screening for Psychiatric Disorders and Behavior Traits**
Mildred Cho, Ph.D.

3. **Newborn Genetic Screening: Legal and Ethical Concerns**
Steven K. Hoge, M.D., M.B.A.

4. **Is Epigenetics a New Paradigm for Understanding Behavior?**
Nancy Press, Ph.D.

5. **Ethical Issues in Psychopharmacogenetic Testing**
Laura W. Roberts, M.D.

SYMPOSIUM 53
NOON – 3:00 P.M.
Room 325A, Level 3
Hawaii Convention Center

What's the Difference That Makes the Difference? Commonalities and Differences Across Efficacious Treatments for BPD 2

Chairs:
Linda A. Dimeff, Ph.D.
Valerie Porr, M.A.

Discussant:
Kenneth R. Silk, M.D.

1. **Mentalization-Based Treatment (MBT) and its Relationship to Other Psychotherapies for BPD**
Anthony W. Bateman, M.D.

2. **Transference-Focused Psychotherapy: The Relationship in the Here-and-Now as the Key**
Frank Y. Yeomans, M.D., Ph.D.

3. **Dialectical Behavior Therapy (DBT)**
Linda A. Dimeff, Ph.D.

4. **TARA DBT-MBT Family Training**
Valerie Porr, M.A.

SYMPOSIUM 54
NOON – 3:00 P.M.
Room 327, Level 3
Hawaii Convention Center

Predictors, Moderators, and Mediators in Major Depressive Disorder 1 3

Chair:
George I. Papakostas, M.D.

1. **Predictors, Moderators, and Mediators of Symptom Improvement in Major Depressive Disorder: Focus on Clinical Factors**
George I. Papakostas, M.D.

2. **Pharmacogenomics of Major Depression**
Julio Licinio, M.D.

3. **Phosphorus-31 MRS Studies of High Energy Phosphates in MDD: Implications for Treatment Response and Novel Therapies**
Perry F. Renshaw, M.D., Ph.D.

4. **Neurophysiologic Biomarkers for Predicting Treatment Outcome in MDD**
Andrew F. Leuchter, M.D.

SYMPOSIUM 55
NOON – 3:00 P.M.
Room 328, Level 3
Hawaii Convention Center

The Use of Quantitative EEG for Psychiatric Treatment Biomarkers

Chair:
Charles DeBattista, M.D.

1. **Antidepressant Treatment Response Index (ATR): A Quantitative EEG-Based Biomarker of Treatment Response in Major Depression**
Dan V. Iosifescu, M.D., M.S.C.

2. **Referenced-EEG (rEEG)**
Daniel A. Hoffman, FAPA, M.D.

3. **International Study to Predict Optimized Treatment in Depression (iSPOT)**
Evian Gordon, Ph.D.

SYMPOSIUM 56
NOON – 3:00 P.M.
Garden Lanai, Second Floor
Ala Moana Hotel

Advances on Suicide Prevention: Preventing the Predictable

Chairs:
Enrique Baca-Garcia, M.D., Ph.D.
Maria A. Oquendo, M.D.

1. **Personality and Life Events as Predictive Factors of Suicidal Behavior**
Hilario Blasco-Fontecilla, M.D., Ph.D.

2. **Predictive Models in Suicidal Behavior**
Jorge Lopez-Castroman, M.D., Ph.D.

3. **Novel Classification Tools for Suicide Prediction**
Fernando Perez-Cruz, B.S.C.

4. **Data Mining, Suicide, and More: Our Experience**
M. Mercedes Perez-Rodriguez, M.D., Ph.D.

5. **Implementation of All These Novel Tools in the Prevention of Suicide**
Jose de Leon, M.D.

SYMPOSIUM 57
NOON – 3:00 P.M.
Carnation Room, Second Floor
Ala Moana Hotel

Collaborative Strategies Between Psychiatrists and Judges to Improve Outcomes for Defendants With Mental Illnesses

Chairs:
Fred C. Osher, M.D.
Steve Leifman, J.D.

1. **Developing an Effective Community Criminal Justice and Mental Health System: The Judge as Change Agent**
Steve Leifman, J.D.

2. **Why Collaborative Strategies Are Essential**
Fred C. Osher, M.D.

3. **Collaborative Strategies Between Psychiatrists and Judges to Improve Outcomes for Defendants With Mental Illnesses**
Annelle B. Primm, M.D., M.P.H.

4. **How the Issue Impacts Hawaiians**
Marcia Waldorf, J.D.

1:00 P.M. SESSIONS
NEW RESEARCH POSTER: SESSION 7
NEW RESEARCH POSTER SESSION 7

1:00 P.M. – 3:00 P.M.
Exhibit Hall

3:30 P.M. SESSION
CONVOCATION OF DISTINGUISHED FELLOWS

3:30 P.M. – 5:00 P.M.
Kalakaua Ballroom
Hawaii Convention Center

! All Distinguished Life Fellows, Distinguished Fellows, Life Fellows, International Fellows, APA Members, and Registered Guests Are Invited to Attend.

Presiding:
Carol A. Bernstein, M.D.
APA President

Grand Marshals:
John F. McDermott, M.D.
Leslie H. Gise, M.D.

Marshals:
Naleen N. Andrade, M.D.
Jeffrey Akaka, M.D.

Introduction of Distinguished Life Fellows and Induction of Distinguished Fellows
John M. Oldham, M.D., M.S.
APA President Elect

Introduction of Fellows, 50-Year Distinguished Life Fellows, 50-Year Life Members, and International Fellow
Carol A. Bernstein, M.D.
APA President

Presentation of Special Presidential Commendations
Carol A. Bernstein, M.D.
APA President

Presentation of Distinguished Service Awards
Carol A. Bernstein, M.D.
APA President

Introduction of the Membership Committee's Chair and Award Board Chairs
Carol A. Bernstein, M.D.
APA President

Presentation of Awards
Carol A. Bernstein, M.D.
APA President

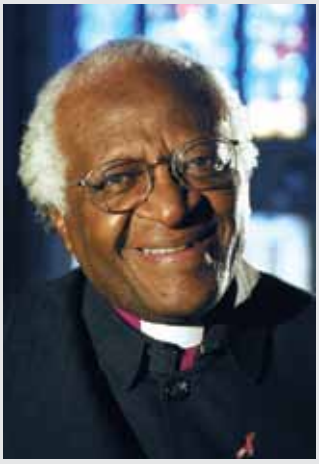
- APA/Lilly Resident Research Award
- Blanche F. Ittleson Award for Research in Child Psychiatry
- APF/Kempf Fund Award for Research Development in Psychobiological Psychiatry
- Agnes Purcell McGavin Award for a Distinguished Career in Child and Adolescent Psychiatry
- Isaac Ray Award
- Jack Weinberg Memorial Award for Geriatric Psychiatry

SESSION TRACKS
1 Anxiety & Mood Disorders
2 Personality Disorders
3 Psychopharmacology
4 Psychotherapy
5 Schizophrenia and Other Psychotic Disorders
6 NIMH
7 DSM-5

BIO

Archbishop Desmond Tutu is a human rights activist and Nobel Peace Prize recipient. Beginning with his opposition to apartheid in South Africa, Tutu has worked tirelessly to spread peace, justice, and democracy and to end racial divisions throughout the world. Tutu received his Licentiate in Theology in 1960 from St. Peter's Theological College, Johannesburg, and was ordained to the priesthood in Johannesburg in 1961. Not long after his ordination, he obtained a Bachelor of Divinity Honors and Master of Theology degrees from King's College, University of London, England.

In the wake of the 1976 Soweto uprising, South Africa was in turmoil, and Tutu was persuaded to take up the post of General Secretary of the South African Council of Churches. A prominent leader in the crusade for justice and racial conciliation in South Africa, Tutu became heavily embroiled in controversy as he spoke out against the injustices of apartheid. He was denied a passport to travel abroad for several years. In 1984 Tutu received a Nobel Peace Prize in recognition of his extraordinary contributions to the cause, and in 1985 he was elected Bishop of Johannesburg. Tutu was elevated to Archbishop of Cape Town in 1986, and in this capacity did much to bridge the chasm between black and white Anglicans in South Africa. He became a principal mediator and conciliator in the transition to democracy in South Africa.



Tutu holds honorary degrees from over 130 universities and has received many prizes and awards in addition to the Nobel Peace Prize, most notably the Order for Meritorious Service Award presented by President Mandela and the Presidential Medal of Freedom, the United States' highest civilian honor. In recent years, Tutu has turned his attention to the campaign against AIDS. He is regarded as a world leader with a major role to play in reconciliation and is an icon of hope far beyond South Africa.

LECTURE 19

William C. Menninger Memorial Convocation Lecture

Archbishop Desmond Tutu

6:00 P.M. SESSION
INDUSTRY SUPPORTED SYMPOSIUM

6:00 P.M.–8:00 P.M.
Maui/Kauai Rooms, Sheraton Waikiki Hotel

Enhancing Outcomes In Schizophrenia: New Treatment Approaches 3 5
Educational Grant from Sunovion

Chair:
Stephen M. Stahl, M.D.

1. **Mechanism of Action of Atypical Antipsychotics: Are There Any Meaningful Differences?**
   Stephen M. Stahl, M.D.
2. **New Atypical Agents for Schizophrenia: What Have We Learned?**
   Rona Hu, M.D.
3. **Switch Strategies in Patients with Schizophrenia:What Works Best?**
   John Newcomer, M.D.
4. **Enhancing Long-Term Outcomes in Schizophrenia: The Role of Cognitive Remediation**
   Alice Medalia, M.D.

HTA / Tor Johnson

International Member-Get-A-Member Recruitment Campaign

Refer an international colleague for membership and be eligible for free registration to an APA Annual Meeting.

Help increase the APA international community!

Share your APA membership experience and encourage friends and colleagues who are practicing psychiatry internationally to join the APA. Psychiatrists you refer who meet APA requirements for international membership will have their application submitted for a drawing which will be held at the Annual Meeting.

Visit www.psych.org/intlmbr for additional information and requirements.

You and the referred new member will be eligible to win one of the following prizes:

GRAND PRIZE: Free registration for you and the new member to attend an APA Annual Meeting

SECOND PRIZE: Free one year APA membership dues for both winners.

THIRD PRIZE: $100 APPI gift certificate for both winners.

To be eligible for the drawing, have your colleague submit an APA international membership application by May 1st and include a copy of their medical license (in English or certified translation) and their APA membership dues payment.

AMERICAN PSYCHIATRIC ASSOCIATION
BENJAMIN RUSH, M.D.
1844

McLean Hospital and the Harvard Medical School-Affiliated Departments of Psychiatry invite you to explore the unique history and culture of

Hawaii

You are cordially invited to join McLean Hospital President and Psychiatrist in Chief **Scott L. Rauch, MD**, and the Harvard Medical School-Affiliated Departments of Psychiatry as we celebrate **McLean Hospital's 200th anniversary** during the American Psychiatric Association annual meeting.

Iolani Palace

Monday, May 16, 2011 | 6 to 8 pm
364 South King Street, Honolulu, HI 96813

Guests are encouraged to tour the Iolani Palace and then join their friends and colleagues outside on the lawn for a casual evening of cocktails, light fare, Hawaiian music and entertainment.

Please RSVP to **www.mclean.harvard.edu/apa** or stop by the McLean Hospital Booth, **#1432** at the Hawaii Convention Center.

Built in 1882, the Iolani Palace was the official residence of Hawaii's monarchy and today is a National Historic Landmark that serves as one of the most spectacular living restorations in all of Polynesia.

1811-2011
McLean Hospital
An Enduring Tradition of Excellence and Innovation

E HOMO MAI! WELCOME!

TUESDAY

Program changes are printed each day in the **Daily Bulletin** which can be picked up in the Hawaii Convention Center. A mobile application will also be available.

7:00 A.M. SESSIONS

NEW RESEARCH POSTER SESSION 8

NEW RESEARCH POSTER SESSION 8

7:00 A.M. – 8:30 A.M.
Exhibit Hall

SCIENTIFIC AND CLINICAL REPORTS SESSIONS 23-24

SCR 23

7:00 A.M. – 8:30 A.M.
Room 312, Level 3
Hawaii Convention Center

Addiction Psychiatry/ Substance Use Disorders 1 1

Chair:
Meera Vaswami, M.D.

78. Workers' Risks of Permanent Disability and Premature Death Under the Conditions of Alcohol Abuse and Addiction
Felix R. Wedegaertner, M.D., M.P.H.

79. An Analysis of Smoking Patterns and Cessation Efforts Among Canadian Forces Members and Veterans: An Exploration of the Transtheoretical Model
Charles G. Nelson, Ph.D.

80. Prevalence and Predictors of PTSD Among Those in Methadone Maintenance Treatment
Seth S. Himelhoch, M.D., M.P.H.

SESSION TRACKS

1. Anxiety & Mood Disorders
2. Personality Disorders
3. Psychopharmacology
4. Psychotherapy
5. Schizophrenia and Other Psychotic Disorders
6. NIMH
7. DSM-5

SCR 24

7:00 A.M. – 8:30 A.M.
Room 316B, Level 3
Hawaii Convention Center

Psychosomatic Medicine

Chair:
Barton Blinder, M.D.

81. Differential Comorbidity of Migraine With Mood Episodes
Tuong-Vi Nguyen, M.D.

82. Depressive Symptom Clusters Are Differentially Associated With Atherosclerotic Disease
Boudewijn Bus, M.D.

83. Effectiveness of Motivation-Based Interventions to Reduce Cardiometabolic Risk in Low-Resource Psychiatric Settings
Jeanie Tse, M.D.

SMALL INTERACTIVE SESSIONS

Session requires pre-registration and ticket for admission.

SMALL INTERACTIVE SESSION 10

7:00 A.M. – 8:30 A.M.
Room 322B, Level 3
Hawaii Convention Center

Diagnosis and Evidence-Based Treatment of Bipolar Disorder 1

Chair: Terence A. Ketter, M.D.

WORKSHOPS

WORKSHOP 78

7:00 A.M. – 8:30 A.M.
Room 309, Level 3
Hawaii Convention Center

Bridging the Mental Health Care Chasm: Collaborating With Pediatricians to Improve Psychiatric Care for America's Children
APA Council on Children, Adolescents & Their Families

Chair:
L. Charolette Lippolis, D.O., M.P.H.

Presenter(s):
L. Charolette Lippolis, D.O., M.P.H.
Michael Houston, M.D.
Mary I. Dobbins, M.D.

WORKSHOP 79

7:00 A.M. – 8:30 A.M.
Room 321A, Level 3
Hawaii Convention Center

Ethno-Psychotherapy and Ethno-Psychopharmacology 3 4

Chair:
Consuelo C. Cagande, M.D.

Presenter(s):
Edmond H. Pi, M.D.
Eugenio M. Rothe, M.D.
R. Rao Gogineni, M.D.

WORKSHOP 80

7:00 A.M. – 8:30 A.M.
Room 321B, Level 3
Hawaii Convention Center

The Anatomy of the Paperless Practice: What Every Psychiatrist Needs to Know Before Going Paperless

Chair:
Amy Berlin, M.D.

WORKSHOP 81

7:00 A.M. – 8:30 A.M.
Room 325A, Level 3
Hawaii Convention Center

In Our Own Words: Successful Aging Across the Lifespan

Chairs:
Steve Koh, M.D., M.P.H.
Laura F. Marrone

Presenter(s):
Dilip V. Jeste, M.D.
Sidney Zisook, M.D.
James Henry, M.D.
Daniel D. Sewell, M.D.

WORKSHOP 82

7:00 A.M. – 8:30 A.M.
Room 325B, Level 3
Hawaii Convention Center

Scope of Practice Expansion: Lessons Learned From the Aloha State

Chairs:
Jerry L. Halverson, M.D.
Claudia L. Reardon, M.D.

Presenter(s):
Rep. Ryan Yamane, M.B.A., M.S.W.
Jeffrey L. Akaka, M.D.
Elaine M. Heiby, Ph.D.

WORKSHOP 83

7:00 A.M. – 8:30 A.M.
Room 326A, Level 3
Hawaii Convention Center

Group Program for Tackling Smoking Cessation and Weight Concerns

Chair:
Rima Styra, M.D., M.Ed.

Presenter(s):
Rima Styra, M.D., M.Ed.
Shobha Sawh, M.S.W.

WORKSHOP 84
7:00 A.M. – 8:30 A.M.
Room 326B, Level 3
Hawaii Convention Center

From Dr. Kreizler to Hannibal Lecter: Forensic Psychiatrists in Fiction

Chairs:
Sara G. West, M.D.
Cathleen A Cerny, M.D.

Presenter(s):
Susan Hatters Friedman, M.D.
Sherif Soliman, M.D.

WORKSHOP 85
7:00 A.M. – 8:30 A.M.
Room 327, Level 3
Hawaii Convention Center

How May Military Leaders Optimize Mental Health of Service Members?
APA Lifers

Chairs:
Sheila Hafter Gray, M.D.
Stephen C. Scheiber, M.D.

Presenter(s):
Eugene Kim, M.D.
Elspeth C. Ritchie, M.D., M.P.H.
Christopher Perry, M.D.

WORKSHOP 86
7:00 A.M. – 8:30 A.M.
Carnation Room, Second Floor
Ala Moana Hotel

Revisiting the Wayward Youth

Chair:
Nadia E. Charguia, M.D.

Presenter(s):
Stephen B. Billick, M.D.
Louis J. Kraus, M.D.
William Arroyo, M.D.
Peter Ash, M.D.

WORKSHOP 87
7:00 A.M. – 8:30 A.M.
Plumeria Room, Second Floor
Ala Moana Hotel

Innovative Models for Integrating Psychiatric Services Into Primary Care as Health Care Reform Moves Toward the Medical Home

Chair:
Gregory W. Dalack, M.D.

Presenter(s):
Radmila Bogdanich, M.A.
Narriman C. Shahrokh
Joseph D. Thomas, M.B.A.
Lindsey K. Dozanti

WORKSHOP 88
7:00 A.M. – 8:30 A.M.
Pakalana/Anthurium Rooms, Second Floor
Ala Moana Hotel

CPT Coding and Documentation Update

Chair:
Ronald M. Burd, M.D.

Presenter(s):
Tracy R. Gordy, M.D.
Ronald M. Burd, M.D.
Jeremy S. Musher, M.D.
Allan A. Anderson, M.D.

COURSES

! Course Descriptions are available in the **Course Brochure**. You can pick up a **Course Brochure** and purchase a course ticket in the Course Enrollment Area located in Main Lobby, Level 1, Hawaii Convention Center. Admission to all courses, including Master Courses is by ticket only.

COURSE 36
7:00 A.M. – 11:00 A.M.
South Pacific II,
Mid-Pacific Conference Center
Hilton Hawaiian Village Hotel

Motivational Enhancement for Individuals With Concurrent Disorders

Director:
Shimi Kang, M.D.

Faculty:
Shimi Kang, M.D.
Marilyn Herie, Ph.D.
Ximena Sanchez-Samper, M.D.
Arvinder K. Grewal, M.A.

COURSE 37
7:00 A.M. – 11:00 A.M.
South Pacific III,
Mid-Pacific Conference Center
Hilton Hawaiian Village Hotel

Brain Stimulation Therapies in Psychiatry

Director:
Ziad H. Nahas, M.D.

Faculty:
Linda L. Carpenter, M.D.
Darin D. Dougherty, M.D.
Husain Mustafa, M.D.

COURSE 38
7:00 A.M. – 11:00 A.M.
South Pacific IV,
Mid-Pacific Conference Center
Hilton Hawaiian Village Hotel

Disaster Psychiatry
APA Committee on Psychiatric Dimensions of Disasters

Co-Directors:
Anand Pandya, M.D.
Frederick J. Stoddard, M.D.

Faculty:
David M. Benedek, M.D.
Kristina Jones, M.D., M.A.

COURSE 39
7:00 A.M. – 11:00 A.M.
Kahili Suite,
Kalia Executive Conference Center
Hilton Hawaiian Village Hotel

ADHD in Adults– From Clinical Research to Clinical Practice

Director:
Craig B. Surman, M.D.

Faculty:
Paul G. Hammerness, M.D.

COURSE 40
7:00 A.M. – 11:00 A.M.
Honolulu Room I,
Tapa Conference Center
Hilton Hawaiian Village Hotel

Sexual Compulsivity and Addiction: Diagnosis, Evaluation, and Treatment Issues

Director:
Ken Rosenberg, M.D.

Faculty:
Ken Rosenberg, M.D.
Patrick Carnes, Ph.D.

COURSE 41
7:00 A.M. – 11:00 A.M.
Tapa Ballroom III,
Tapa Conference Center
Hilton Hawaiian Village Hotel

Neuropsychiatric Masquerades: Medical and Neurological Disorders That Present With Psychiatric Symptoms
Academy of Psychosomatic Medicine

Director:
Jose R. Maldonado, M.D.

COURSE 42
7:00 A.M. – 11:00 A.M.
Rainbow Rooms I-II, Rainbow Tower
Hilton Hawaiian Village Hotel

Risk Assessment for Violence

Director:
Phillip J. Resnick, M.D.

COURSE 43
7:00 A.M. – 11:00 A.M.
Rainbow Room III, Rainbow Tower
Hilton Hawaiian Village Hotel

Psychiatric Consultation in Long-Term Care: Advanced Course

Co-Directors:
Abhilash K. Desai, M.D.
George T. Grossberg, M.D.

SEMINARS

! Session requires pre-registration and ticket for admission.

SEMINAR 11
7:00 A.M. – 11:00 A.M.
Sea Pearl I-III,
Mid-Pacific Conference Center
Hilton Hawaiian Village Hotel

Boundary Crossings: Challenges and Opportunities

Director:
Gail E. Robinson, M.D.

Faculty:
Gary R. Schoener, Psy.D.
Gail E. Robinson, M.D.

SEMINAR 12
7:00 A.M. – 11:00 A.M.
Hibiscus Room II,
Kalia Executive Conference Center
Hilton Hawaiian Village Hotel

Evidence-Based Psychotherapy for Chronic Major Depression 1 4

Co-Directors:
Eric Levander, M.D., M.P.H.
Rhea Holler, Psy.D.

SEMINAR 13
7:00 A.M. – 11:00 A.M.
Honolulu Room II,
Tapa Conference Center
Hilton Hawaiian Village Hotel

Mind! Lessons From the Brain

Director:
Philip T. Ninan, M.D.

COURSES

COURSE 44
7:00 A.M. – 2:00 P.M.
Hibiscus Room I,
Kalia Executive Conference Center
Hilton Hawaiian Village Hotel

Child and Adolescent Psychiatry for the General Psychiatrist

Co-Directors:
Robert L. Hendren, D.O.
Malia McCarthy, M.D.

COURSE 45
7:00 A.M – 2:00 P.M.
Honolulu Room III,
Tapa Conference Center
Hilton Hawaiian Village Hotel

A Developmental Approach to Contemporary Issues in Psychotherapy With Gay Men 4

Co-Directors:
Robert M. Kertzner, M.D.
Marshall Forstein, M.D.

Faculty:
Stewart L. Adelson, M.D.

COURSE 46
7:00 A.M – 2:00 P.M.
Iolani Suite VI-VII,
Tapa Conference Center
Hilton Hawaiian Village Hotel

A Psychodynamic Approach to Treatment-Resistant Mood Disorders: Breaking Through Treatment Resistance by Focusing on Comorbidity and Axis II 1 4

Director
Eric M. Plakun, M.D.

Faculty:
Edward Robert Shapiro, M.D.
David L. Mintz, M.D.

MASTER COURSE 5
7:00 A.M – 2:00 P.M.
Coral Room IV,
Mid-Pacific Conference Center
Hilton Hawaiian Village Hotel

Essential Psychopharmacology 3

Co-Directors:
Alan F. Schatzberg, M.D.
Charles DeBattista, M.D.

Faculty:
Natalie L. Rasgon, M.D., Ph.D.
Charles DeBattista, M.D.
Ira D. Glick, M.D.
Kiki Chang, M.D.
Terence A. Ketter, M.D.

8:00 A.M. SESSIONS

ADVANCES IN MEDICINE

ADVANCES IN MEDICINE 3
8:00 A.M. – 9:30 A.M.
Room 310 Lili' U Theater, Level 3
Hawaii Convention Center

The Top 10 Medical Articles of 2010: A Comprehensive and Practical Review of What We Need to Know

Chair:
Monique V. Yohanan, M.D., M.P.H.

ADVANCES IN MEDICINE 4
8:00 A.M. – 9:30 A.M.
Room 315, Level 3
Hawaii Convention Center

Clinical Challenges of Diabetes Management in Psychiatric Disorders

Chair:
Richard F. Arakaki, M.D.

CASE CONFERENCE

CASE CONFERENCE 4
8:00 A.M. – 9:30 A.M.
Room 316C, Level 3
Hawaii Convention Center

Managing Professional Boundaries in Psychotherapy 4
APA MEMBERS ONLY

Chairs:
Glen O. Gabbard, M.D.
Holly Crisp-Han, M.D.

LECTURES

LECTURE 20
8:00 A.M. – 9:30 A.M.
Room 311, Level 3
Hawaii Convention Center

The Oskar Pfister Dialogues: A Search for Meanings
Oskar Pfister Award Lecture

Clark S. Aist, M.Div., Ph.D.

Chair:
Marc Galanter, M.D.

Co-Chair:
William M. Greenberg, M.D.

BIO

Clark S. Aist, M.Div., Ph.D., is Chaplain Emeritus at St. Elizabeths Hospital and Senior Consultant in Clinical Pastoral Education at the Washington Hospital Center. He is an ordained minister of the United Methodist Church, a Board Certified Chaplain, and a Supervisor of Clinical Pastoral Education. Dr. Aist has been a practitioner, leader, and advocate of spiritual care for persons with severe mental illnesses. He served as Director of Rehabilitation Services at St. Elizabeths Hospital, a position he held concurrently with his role as Director of Chaplain Services. Dr. Aist received the National Association of Catholic Chaplains highest award for outstanding contributions in the field of pastoral care and education. He was the 1986 recipient of the Anton T. Boisen Award by the Association of Mental Health Clergy in recognition of creative ministry to deeply troubled people.

LECTURE 21
8:00 A.M. – 9:30 A.M.
Room 313A-C, Level 3
Hawaii Convention Center

Electrifying Psychiatry: What Wilder Penfield, James Maxwell, and Ugo Cerletti Have in Common
Distinguished Psychiatrist Lecture

Sarah H. Lisanby, M.D.

Chair:
Geetha Jayaram, M.D.

Co-Chair:
Sarah Johnson, M.D., M.Sc.

BIO

Sarah H. Lisanby, M.D., was Chief of the Columbia Brain Stimulation and Therapeutic Modulation Division and Professor of Clinical Psychiatry. Her research focuses on use of electromagnetic means of modulating brain function to study and treat psychiatric disorders, including transcranial magnetic stimulation, vagus nerve stimulation, magnetic seizure therapy, deep brain stimulation, transcranial direct current stimulation, and electroconvulsive therapy. Dr. Lisanby is now Chair of Psychiatry at Duke University. Her research team innovated the use of TMS to perform a safer version of convulsive therapy: a procedure termed Magnetic Seizure Therapy. Dr. Lisanby is recipient of the Gerald L. Klerman Award and the Max Hamilton Memorial Prize.

SMALL INTERACTIVE SESSIONS

! Session requires pre-registration and ticket for admission.

SMALL INTERACTIVE SESSION 11
8:00 A.M. – 9:30 A.M.
Room 322A, Level 3
Hawaii Convention Center

Neuropsychiatry and the Future of Psychiatry

Chair:
Stuart C. Yudofsky, M.D.

MEDIA WORKSHOP

MEDIA WORKSHOP 7
8:00 A.M. – 11:00 A.M.
Room 320, Emalani Theater, Level 3
Hawaii Convention Center

Personal Transformation Through an Encounter With Death: East Meets West in Akira Kurosawa's "Ikiru"

Chair:
Francis Lu, M.D.

SYMPOSIA

SYMPOSIUM 58
8:00 A.M. – 11:00 A.M.
Room 314, Level 3
Hawaii Convention Center

State of the Science on Diagnostic Classification: Implications for *DSM-5* 7
American Psychiatric Institute for Research and Education

Chairs:
Darrel A. Regier, M.D., M.P.H.
David J. Kupfer, M.D.

Discussant:
Norman Sartorius, M.D., Ph.D.

1. **The Classification of Mood Disorders in *DSM-5***
   Gavin Andrews, M.D.
2. **The Metastructure of *DSM-5*: Considerations for the Anxiety, Obsessive-Compulsive Spectrum, Posttraumatic, and Dissociative Disorders**
   Katharine A. Phillips, M.D.
3. **State of the Science on Diagnostic Classification: Implications for *DSM-5***
   David Shaffer, M.D.
4. **A Classification of Mental Disorders for Primary Care: ICD-11-PHC**
   David P. Goldberg, D.M., D.P.M.
5. **State of Classification of Neurocognitive Disorders**
   Dilip V. Jeste, M.D.

SYMPOSIUM 59
8:00 A.M. – 11:00 A.M.
Room 316A, Level 3
Hawaii Convention Center

Brain Circuitry of Serious Mental Illnesses 6
National Institute of Mental Health

Chair:
Cameron S. Carter, M.D.

Discussant:
Bruce N. Cuthbert, Ph.D.

1. **Circuits and Symptoms in Schizophrenia**
   Cameron S. Carter, M.D.
2. **Increased Connectivity Across Circuits in Major Depression**
   Yvette I. Sheline, M.D.
3. **Understanding Anxiety: A Neural Circuit Perspective**
   Amit Etkin, M.D., Ph.D.
4. **Neurocircuitry of Bipolar Disorder**
   Wayne C. Drevets, M.D.

SYMPOSIUM 60
8:00 A.M. – 11:00 A.M.
Room 317A/B, Level 3
Hawaii Convention Center

Pediatric Palliative Care: A New Frontier for Child and Adolescent Psychiatry

Chair:
David Buxton, M.D.

1. **Introduction to Symposium**
   David Buxton, M.D.
2. **Introduction to Pediatric Palliative Care**
   Michelle R. Brown, Ph.D.

! SESSION TRACKS

1. Anxiety & Mood Disorders
2. Personality Disorders
3. Psychopharmacology
4. Psychotherapy
5. Schizophrenia and Other Psychotic Disorders
6. NIMH
7. DSM-5

3. **Pediatric Palliative Care & Psychiatry**
   Marcy J. Forgey, M.D., M.P.H.

4. **Ethics of Pediatric Palliative Care: An Interpretive Case-Formulation Approach**
   Dawson S. Schultz, Ph.D., Lydia V. Flasher, Ph.D.

SYMPOSIUM 61
8:00 A.M. – 11:00 A.M.
Room 318A/B, Level 3
Hawaii Convention Center

Update on the Treatment of Comorbid Opioid Addiction and Chronic Pain
National Institute on Drug Abuse

Chairs:
Will Aklin, Ph.D.
Richard A. Denisco, M.D., M.P.H.

1. **Update on the Treatment of Acute and Chronic Pain in the Patient With a History of Addiction**
   Sean Mackey, M.D., Ph.D.

2. **A Prospective, Longitudinal, Observational Cohort Study of Pain Duration in Post-Surgical Patients**
   Ian Carroll, M.D., M.S.

3. **Cognitive Behavior Treatment for Co-Occurring Chronic Pain and Opioid Dependence**
   Declan Barry, Ph.D.

4. **Pain and Prescription Opioid Dependence: Secondary Outcomes From NIDA Clinical Trials Network Prescription Opioid Addiction Treatment Study**
   Roger Weiss, M.D.

5. **Co-Occurring Chronic Pain and Opioid Addiction: Is There a Role for Integrated Treatment?**
   Jennifer Potter, Ph.D., M.P.H.

SYMPOSIUM 62
8:00 A.M. – 11:00 A.M.
Room 319A/B, Level 3
Hawaii Convention Center

The Benefits and Risks of Broadening the Concept of Bipolar Disorder 1

Chair:
Mario Maj, M.D., Ph.D.

1. **The Risks and Benefits of Expanding the Diagnosis of Bipolar Disorder: An Overview**
   Stephen M. Strakowski, M.D.

2. **Research Evidence Supporting a Broadening of the Concept of Bipolar Disorder**
   Susan McElroy, M.D.

3. **Are There Possible Downside Risks of a Broader Definition of Bipolar Disorder?**
   Ellen Frank, Ph.D.

4. **What Do Genetic Studies Tell Us About the Phenotype In Bipolar Illness?**
   John I. Nurnberger, M.D.

SYMPOSIUM 63
8:00 A.M. – 11:00 A.M.
Room 324, Level 3
Hawaii Convention Center

Marijuana and Psychosis: Epidemiology, Neuroscience, and Clinical Perspectives 5
National Institute on Drug Abuse

Chairs:
Wilson M. Compton, M.D.
Steven Grant, Ph.D.

Discussant:
Robin M. Murray, M.D., D.Sc.

1. **Cannabis Use and Psychosis: Is There a Causal Link?**
   David M. Fergusson, Ph.D.

2. **Exploring the Genetic and Environmental Association Between Cannabis Use and Psychosis**
   Nathan A. Gillespie, Ph.D.

3. **Imaging Cannabinoid Receptors in Patients With Schizophrenia Using PET**
   Dean Wong, M.D., Ph.D.

4. **Endogenous Cannabinoids and the Neurobiological Control of Mental Illness**
   Joseph Cheer, Ph.D.

SYMPOSIUM 64
8:00 A.M. – 11:00 A.M.
Room 328, Level 3
Hawaii Convention Center

Complementary and Alternative Medicine: Updates Relevant for Psychiatrists

Chair:
Elspeth C. Ritchie, M.D., M.P.H.

1. **Leveraging Integrative and Holistic Health for Total Force Fitness and Wellness**
   Mark J. Bates, Ph.D.

2. **Complementary and Alternative Medicine Practices Within the Wounded Warrior Population**
   Robert L. Koffman, M.D.

3. **Medical Acupuncture's New Potential in Psychological Health**
   Charles Motsinger, M.D., Joseph M. Helms, M.D.

4. **Therapy and Service Dogs: Potential as Alternative Medicine**
   Elspeth C. Ritchie, M.D., M.P.H.

5. **Leveraging Integrative and Holistic Health for Total Force Fitness and Wellness**
   Nisha Money, M.D.

SYMPOSIUM 65
8:00 A.M. – 11:00 A.M.
Hibiscus Ballroom I, Second Floor
Ala Moana Hotel

Information Technology Approaches for Improving Outcomes in Patients With Schizophrenia 5

Chair:
John Kasckow, M.D., Ph.D.

1. **One-Year Outcomes From Web-Based Multi-Family Psychoeducational Therapy Designed for Those With Severe Mental Illness**
   Armando J. Rotondi, Ph.D.

2. **A Patient-Centered Health Technology Intervention to Improve Screening for the Metabolic Side Effects of Second-Generation Antipsychotic Medications**
   Julie Kreyenbuhl, Pharm.D., Ph.D.

3. **The Feasibility of Cellular Telephone Use to Foster Treatment Engagement in Schizophrenia Spectrum Disorders (SSDs)**
   Lora H. Beebe, Ph.D.

4. **A Telehealth Intervention for Suicidal People With Schizophrenia**
   John Kasckow, M.D., Ph.D.

SYMPOSIUM 66
8:00 A.M. – 11:00 A.M.
Hibiscus Ballroom II, Second Floor
Ala Moana Hotel

International Link Projects in Psychiatric Education and Practice: Challenges and Opportunities
Indo-American Psychiatric Association

Chairs:
Subodh Dave, M.D., D.P.M.
Anand K. Pandurangi, M.B.B.S, M.D.

1. **U.S.—India Psychiatric Education Projects**
   Anand K. Pandurangi, M.B.B.S, M.D.

9:00 A.M. SESSIONS
SCIENTIFIC AND CLINICAL REPORTS SESSIONS 25-26

SCR 25
9:00 A.M. – 10:30 A.M.
Room 312, Level 3
Hawaii Convention Center

Schizophrenia and Other Psychotic Disorders 3 3 5

Chair:
Robert Caudill, M.D.

84. Glycine Transporter Type 1 Inhibitor RG1678: Phase II Study Supports Concept of GLYT1 Inhibition for Treatment of Negative Symptoms of Schizophrenia
Daniel Umbricht, M.D.

85. Characteristics of Eye-Gaze Distributions of Schizophrenia Patients Measured With Scanpaths During Emotion-Provoking Conversation
Jae-Jin Kim, M.D., Ph.D.

86. Childhood and Adolescence Symptoms Predicting First-Episode Psychosis in General Population: The Northern Finland 1986 Birth Cohort
Pirjo H. Maki, M.D., Ph.D.

87. Impact of Second-Generation Antipsychotics and Perphenazine on Depressive Symptoms in a Randomized Trial of Treatment for Chronic Schizophrenia
Donald E. Addington, M.D.

SCR 26
9:00 A.M. – 10:30 A.M.
Room 316B, Level 3
Hawaii Convention Center

Addiction Psychiatry/ Substance Use Disorders 2

Chairs:
Meera Vaswami, M.D.
Derya Akbiyik, M.D.

88. Problem and Pathological Gambling Among Veterans in Clinical Care: Prevalence and Demographic Risk Factors
Joseph J. Westermeyer, M.D., Ph.D.

89. Different Diets and Food Groups Compared in Terms of Their Roles in the Increasing Rates of Obesity in the United States
Marc A. Lindberg, Ph.D.

90. Association Between Impulsivity and Depression in Current and Abstinent Methamphetamine Users
Helenna Nakama, M.D.

SMALL INTERACTIVE SESSIONS

! Session requires pre-registration and ticket for admission.

SMALL INTERACTIVE SESSION 12
9:00 A.M. – 10:30 A.M.
Room 326A, Level 3
Hawaii Convention Center

Clinical Manual for the Management of PTSD: An Opportunity to Meet With the Senior Editors for an Open-Forum Interactive Discussion 1

Chair:
Gary H. Wynn, M.D.

WORKSHOPS

WORKSHOP 89
9:00 A.M. – 10:30 A.M.
Room 309, Level 3
Hawaii Convention Center

Malpractice Defense: Strategies For Success

Chairs:
Abe M. Rychik, J.D.
Eugene Lowenkopf, M.D.

WORKSHOP 90
9:00 A.M. – 10:30 A.M.
Room 321A, Level 3
Hawaii Convention Center

Mind'-roids? Psychotropic Medications as Neuroenhancers and Lifestyle Drugs: Psychiatry at the Ethical, Moral, and Legal Crossroads 3

Chair:
Damir Huremovic, M.D., M.P.P.

Presenter(s):
Nyapati R. Rao, M.D., M.S.
Carmela Olevsky, D.O.
Guitelle St. Victor, M.D.
Shabneet K. Hira-Brar, M.D.

! SESSION TRACKS

1 Anxiety & Mood Disorders
2 Personality Disorders
3 Psychopharmacology
4 Psychotherapy
5 Schizophrenia and Other Psychotic Disorders
6 NIMH
7 DSM-5

WORKSHOP 91
9:00 A.M. – 10:30 A.M.
Room 321B, Level 3
Hawaii Convention Center

Quality Improvement in Psychiatry: Why Should I Care?

Chairs
Claudia L. Reardon, M.D.
Jerry L. Halverson, M.D.

Presenter(s):
Robert M. Plovnick, M.D., M.S.
Art Walaszek, M.D.
John M. Oldham, M.D., M.S.

WORKSHOP 92
9:00 A.M. – 10:30 A.M.
Room 325A, Level 3
Hawaii Convention Center

Bullying: Understanding Its Impact and Etiology

Chair:
Louis J. Kraus, M.D.

Presenter(s):
David L. Scasta, M.D.
Debra Pinals, M.D.

WORKSHOP 93
9:00 A.M. – 10:30 A.M.
Room 325B, Level 3
Hawaii Convention Center

Cognitive Therapy for Personality Disorders 2

Chair: Judith S. Beck, Ph.D.

WORKSHOP 94
9:00 A.M. – 10:30 A.M.
Room 326B, Level 3
Hawaii Convention Center

Ethical Dilemmas in Psychiatric Practice
APA Ethics Committee

Chair:
Richard Milone, M.D.

Presenter(s):
Burton V. Reifler, M.D.
Stephen Green, M.D., M.A.
Wade Myers, M.D.

WORKSHOP 95
9:00 A.M. – 10:30 A.M.
Room 327, Level 3
Hawaii Convention Center

Clinical Documentation After Hi-Tech: It's Back to Risk Management Basics

Chairs:
Kristen M. Lambert, Esq., LICSW
Peter Imbert

WORKSHOP 96
9:00 A.M. – 10:30 A.M.
Carnation Room, Second Floor
Ala Moana Hotel

Obesity and Psychiatric Care: Application of Current Evidence

Chair:
Valerie H. Taylor, M.D.

Presenter(s):
Brian Stonehocker, M.D.
Arya M. Sharma, M.D., Ph.D.

WORKSHOP 97
9:00 A.M. – 10:30 A.M.
Plumeria Room, Second Floor
Ala Moana Hotel

Physician Heal Thyself: The Wounded Healer, Psychiatrists' Own Professional and Personal Pain/Stress/Suffering: the Paths to Healing and Wholeness

Chair:
James G. Trantham, M.D.

Presenter(s):
Ronald L. Hofeldt, M.D.

WORKSHOP 98
9:00 A.M. – 10:30 A.M.
Pakalana/Anthurium Rooms, Second Floor
Ala Moana Hotel

The Burning Platform: Transformation of a Behavior Health System in Crisis Using Lean Methodology

Chair:
Joseph P. Merlino, M.D., M.P.A.

Presenter(s):
Kristen Baumann, Ph.D.
Joseph Merlino, M.D., M.P.A.
Jill Bowen, Ph.D.
Dimple Sodhi, M.D., M.S.
Ellen Berkowitz, M.D.

WORKSHOP 99
9:00 A.M. – 10:30 A.M.
Ilima Room, Second Floor
Ala Moana Hotel

Integration of Culture, Traditional Healing, and Western Medicine Within Indigenous and Immigrant Populations

Chair:
Jeffrey L. Akaka, M.D.

Presenter(s):
Daniel L. Dickerson, D.O., M.P.H.
Jeffrey L. Akaka, M.D.
Gerard Akaka, M.D.

10:00 A.M. SESSIONS

ADVANCES IN MEDICINE
ADVANCES IN MEDICINE 5
10:00 A.M. – 11:30 A.M.
Room 315, Level 3
Hawaii Convention Center

Advances in Breast Cancer and Their Implications

Chair:
William Audeh, M.D.

CASE CONFERENCE
CASE CONFERENCE 5
10:00 A.M. – 11:30 A.M.
Room 316C, Level 3
Hawaii Convention Center

What's the Point? The Significance of Suicidal Ideation in the Critically and Terminally Ill Patient
APA MEMBERS ONLY

Chair:
Philip R. Muskin, M.D., M.A.

Presenter(s):
Rebecca W. Brendel, M.D., J.D.
Linda Ganzini, M.D., M.P.H.
Emily Gastelum, M.D.

LECTURE
LECTURE 22
10:00 A.M. – 11:30 A.M.
Room 310 Lili' U Theater, Level 3
Hawaii Convention Center

Transforming Mental Health Through Leadership, Discovery, and Collaboration: From Clinical Epidemiology to Clinical Trials in Bipolar Disorder 1
Simon Bolivar Award Lecture

Mauricio Tohen, M.D., Ph.D.

Chair:
Oscar E. Perez, M.D.

SESSION TRACKS
1 Anxiety & Mood Disorders
2 Personality Disorders
3 Psychopharmacology
4 Psychotherapy
5 Schizophrenia and Other Psychotic Disorders
6 NIMH
7 DSM-5

BIO

Mauricio Tohen, M.D., Ph.D., is Head of the Division of Mood and Anxiety Disorders and Aaron and Bobbie Eliott Krus Endowed Professor in Psychiatry at the University of Texas Health Science Center at San Antonio. Dr. Tohen earned his medical degree from the National University of Mexico and his doctorate in public health from Harvard University. Dr. Tohen was the Clinical Director of the Bipolar and Psychotic Disorders Program at McLean Hospital, and Lilly Research Laboratories Distinguished Lilly Scholar. Dr. Tohen received a National Service Award in Psychiatric Epidemiology and a FIRST award from NIMH, the Pope Award from McLean Hospital, a NARSAD Young Investigator Award, and the Simon Bolivar award from the American Psychiatric Association. Dr Tohen's research has focused on the epidemiology, outcome, and treatment of bipolar disorder.

LECTURE 23
10:00 A.M. – 11:30 A.M.
Room 311, Level 3
Hawaii Convention Center

Science and Humanism in Contemporary American Psychiatry: Dialogues Toward a Desirable Convergence
George Tarjan Award Lecture

Renato D. Alarcon, M.D., M.P.H.

Chair:
Marie-Claude Rigaud, M.D.

BIO

Renato D. Alarcon, M.D., M.P.H., is Emeritus Professor in the Department of Psychiatry and Psychology at Mayo Clinic College of Medicine, Consultant in Psychiatry at Mayo Clinic, and former Medical Director of the Mayo Psychiatry and Psychology Treatment Center and its Mood Disorder Unit. After Fellowships in Psychosomatic Medicine and Clinical Psychopharmacology, he graduated as Master of Public Health from Johns Hopkins. He initiated several exchange programs with Latin American universities, mentoring young researchers and IMGs during his tenures at the University of Alabama in Birmingham and as Chief of the Mental Health Service Line at the Atlanta VA Medical Center and Professor and Vice Chairman of the Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine.

LECTURE 24
10:00 A.M. – 11:30 A.M.
Room 313A-C, Level 3
Hawaii Convention Center

A Journey Into Chaos: Creativity and the Unconscious
Distinguished Psychiatrist Lecture
National Institute of Mental Health

Nancy C. Andreasen, M.D., Ph.D.

Chair:
Michele T. Pato, M.D.

Co-Chair:
Christopher W. Tjoa, M.D.

BIO

Nancy C. Andreasen, M.D., Ph.D., is Andrew H. Woods Chair of Psychiatry at the University of Iowa Carver College of Medicine. After obtaining a Ph.D. in English literature, Dr. Andreasen became an Assistant Professor of English at the University of Iowa before turning to medicine. She obtained her M.D. from the University of Iowa and completed her residency training there. She currently applies multimodality neuroimaging tools, including structural magnetic resonance and functional magnetic resonance, to the study of normal brain development and aging and to illnesses such as schizophrenia. Dr. Andreasen won the President's National Medal of Science, presented to her by Bill Clinton for her work in biological sciences.

MIND GAMES
10:00 A.M. – 11:00 A.M.
Room 323 A-C, Level 3
Hawaii Convention Center

Team Finalists: Boston University New York Presbyterian/Cornell University of Pittsburgh

NEW RESEARCH POSTER SESSION 9
NEW RESEARCH POSTER SESSION 9
10:00 A.M. – 11:30 A.M.
Exhibit Hall

SMALL INTERACTIVE SESSIONS
! Session requires pre-registration and ticket for admission.

SMALL INTERACTIVE SESSION 13
10:00 A.M. – 11:30 A.M.
Room 322A, Level 3
Hawaii Convention Center

Career Development for Women Psychiatry Residents: Challenges and Solutions
RESIDENTS ONLY

Chair:
Carol C. Nadelson, M.D.

SMALL INTERACTIVE SESSION 14
10:00 A.M. – 11:30 A.M.
Room 322B, Level 3
Hawaii Convention Center

Treatment-Resistant Depression: A Roadmap for Effective Care 1

Chair:
Michelle B. Riba, M.D., M.S.

11:30 A.M. SESSIONS

COURSES
COURSE 47
11:30 A.M. – 3:30 P.M.
Sea Pearl Room I-III,
Mid-Pacific Conference Center
Hilton Hawaiian Village Hotel

Lifting the Fog: Complicated Grief and Its Treatment

Director:
Katherine Shear, M.D.

COURSE 48
11:30 A.M. – 3:30 P.M.
South Pacific II,
Mid-Pacific Conference Center
Hilton Hawaiian Village Hotel

Neuroscientific Understandings in Psychotherapy 4

Director:
Gaston Baslet, M.D.

Faculty:
Ellen Fletcher-Astrachan, Ph.D.

COURSE 49
11:30 A.M. – 3:30 P.M.
South Pacific III,
Mid-Pacific Conference Center
Hilton Hawaiian Village Hotel

Motivational Interviewing for Routine Psychiatric Practice 4

Director:
Steven Cole, M.D., M.A.

COURSE 50
11:30 A.M. – 3:30 P.M.
South Pacific IV,
Mid-Pacific Conference Center
Hilton Hawaiian Village Hotel

Assessment and Management of Behavior Disturbances in Dementias: Now That They Are Admitted as My Patient, What Do I Do?

Director:
Maureen Nash, M.D., M.S

Faculty:
Sarah E. Foidel, B.S.

COURSE 51
11:30 A.M. – 3:30 P.M.
Kahili Suite,
Kalia Executive Conference Center
Hilton Hawaiian Village Hotel

Mindfulness-Based Cognitive Therapy for Depression 1

Director:
Stuart J. Eisendrath, M.D.

COURSE 52
11:30 A.M. – 3:30 P.M.
Honolulu Room II,
Tapa Conference Center
Hilton Hawaiian Village Hotel

Foundations of Disaster Mental Health Abbreviated Training

Co-Directors:
Kenneth W. Lee, M.S.W.
Leslie H. Gise, M.D.

COURSE 53
11:30 A.M. – 3:30 P.M.
Rainbow Room III, Rainbow Tower
Hilton Hawaiian Village Hotel

Pain and Palliative Care in Psychogeriatrics

Director:
Abhilash K. Desai, M.D.

Faculty:
George T. Grossberg, M.D.
Jothika Manepalli, M.D.

SEMINARS
! Session requires pre-registration and ticket for admission.

SEMINAR 14
11:30 A.M. – 3:30 P.M.
Hibiscus Room II,
Kalia Executive Conference Center
Hilton Hawaiian Village Hotel

Counter-Intuitives in Medical Ethics

Director:
Edmund G. Howe, M.D., J.D.

SEMINAR 15
11:30 A.M. – 3:30 P.M.
Honolulu 1, Tapa Conference Center
Hilton Hawaiian Village

CONTINUOUS QUALITY IMPROVEMENT: A PRIMER FOR THE PSYCHIATRIST

Co-Directors:
Jerry L. Halverson, M.D.
George Nikopoulos, M.D.

Faculty:
Daniel Rapp, M.D.
Claudia Reardon, M.D.

SEMINAR 16
11:30 A.M. – 3:30 P.M.
Tapa Ballroom III,
Tapa Conference Center
Hilton Hawaiian Village Hotel

INFIDELITY AND MARITAL RELATIONSHIPS: DEATH KNELL OR WAKE-UP CALL? 4

Director:
Scott D. Haltzman, M.D.

SEMINAR 17
11:30 A.M. – 3:30 P.M.
Rainbow Rooms I-II, Rainbow Tower
Hilton Hawaiian Village Hotel

HOW TO GIVE A MORE EFFECTIVE LECTURE: PUNCH, PASSION, AND POLISH

Director:
Phillip J. Resnick, M.D

NOON SESSIONS
ADVANCES IN SERIES 4
ADVANCES IN PERSONALITY DISORDERS
NOON – 3:00 P.M.
Room 310 Lili' U Theater, Level 3
Hawaii Convention Center

ADVANCES IN PERSONALITY DISORDERS 2

Chairs:
John M. Oldham, M.D., M.S.
Andrew E. Skodol, M.D.

1. **Neurobiology, Psychotherapy, and BPD**
   Glen O. Gabbard, M.D.
2. **Personality Disorders in Combat Veterans: Challenges for the Military Clinician**
   Rick Malone, M.D., M.P.H.
3. **Proposed New Model for Personality and Personality Disorder Assessment and Diagnosis in *DSM-5*: An Update**
   Andrew E. Skodol, M.D.

SESSION TRACKS
1 Anxiety & Mood Disorders
2 Personality Disorders
3 Psychopharmacology
4 Psychotherapy
5 Schizophrenia and Other Psychotic Disorders
6 NIMH
7 DSM-5

4. **The Social Neuroscience of BPD: Empathy and Alexithymia**
   Antonia S. New, M.D.
5. **Update on Neuroimaging in BPD**
   Christian Schmahl, M.D.
6. **What's New With Antisocial Personality Disorder?**
   Donald W. Black, M.D.

SCIENTIFIC AND CLINICAL REPORTS SESSIONS 27-28
SCR 27
NOON – 1:30 P.M.
Room 312, Level 3
Hawaii Convention Center

SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS 4 5

Chair:
Julio Licinio, M.D.

91. **Ahead of his Time: A Centennial Revisit of Bleuler's Group of Schizophrenias and Implications on Patient Care and Treatment**
    Roger Peele, M.D.
92. **Is Vitamin D Important in the Severely Mentally Ill?**
    Nigel Bark, M.D.
93. **Examining the Reshaping of an Enduring Sense of Self: The Process of Recovery From a First-Episode of Schizophrenia**
    Donna M. Romano, Ph.D., M.Sc.

SCR 28
NOON – 1:30 P.M.
Room 316B, Level 3
Hawaii Convention Center

PATIENT SAFETY AND SUICIDE 3

Chair:
Elias Shaya, M.D.

94. **The Psychiatric Pause: Reducing Negative Outcomes by Requiring Serial Evaluations Before Discharge**
    Stephen Cummings, M.D.
95. **Using the Jeopardy Game Format to Teach Residents About Reducing Medication Errors**
    Geetha Jayaram, M.D., M.B.A.
96. **Ethnic Differences in Suicide Attempts in the United States**
    ShayLee L. Bolton, M.S.

SMALL INTERACTIVE SESSIONS
Session requires pre-registration and ticket for admission.

SMALL INTERACTIVE SESSION 15
NOON – 1:30 P.M.
Room 322B, Level 3
Hawaii Convention Center

THE PSYCHOLOGICAL EFFECTS OF THE LONG WAR ON SOLDIERS AND FAMILIES

Chair:
Elspeth C. Ritchie, M.D., M.P.H.

WORKSHOPS
WORKSHOP 100
NOON – 1:30 P.M.
Room 323A-C, Level 3
Hawaii Convention Center

CURRENT REALITIES OF HISPANIC MENTAL HEALTH IN THE U.S.: THE NEED FOR CONVERGENT APPROACHES

Chairs:
Renato D. Alarcon, M.D., M.P.H.
Robert Kohn, M.D.

Presenter(s):
Alex Kopelowicz, M.D.
Renato D. Alarcon, M.D.
Robert Kohn, M.D.
Sergio AguilarGaxiola, Ph.D., M.D.

WORKSHOP 101
NOON – 1:30 P.M.
Room 325B, Level 3
Hawaii Convention Center

TEACHING THE MANAGEMENT OF RACIAL/ETHNIC ISSUES IN PSYCHOTHERAPY 4

Chair:
Glen O. Gabbard, M.D.

Presenter(s):
Funmilayo Rachal, M.D.
Valdesha L. Ball, M.D.
Kimberlyn Leary, Ph.D., M.P.A.
Glen O. Gabbard, M.D.

WORKSHOP 102
NOON – 1:30 P.M.
Room 326A, Level 3
Hawaii Convention Center

A New Face of Psychiatric Illness: Neuropsychiatry Lesions in Pictures

Chairs:
Niru Jani, M.D.
Sushma Jani, M.D.

Presenter(s):
Niru Jani, M.D.,
Sushma Jani, M.D.
Suni Jani, M.P.H.
Raja Jani

WORKSHOP 103
NOON – 1:30 P.M.
Room 326B, Level 3
Hawaii Convention Center

Sexuality: Biology as a Destiny

Chair:
Ronald R. Holt, D.O., M.P.A.

WORKSHOP 104
NOON – 1:30 P.M.
Carnation Room, Second Floor
Ala Moana Hotel

Violence Against Mental Health Professionals: When the Treater Becomes the Victim

Chair:
Sara G. West, M.D.

Presenter(s):
Ashleigh Biedrzycki, D.O.

WORKSHOP 104A
NOON – 1:30 P.M.
Garden Lanai Room, Second Floor
Ala-Moana Hotel

ABPN and APA Perspectives on Maintenance of Certification

Chair:
Victor I. Reus, M.D.

Presenters:
Deborah J. Hales, M.D.
Mark H. Rapaport, M.D.

WORKSHOP 105
NOON – 1:30 P.M.
Pakalana/Anthurium Rooms, Second Floor
Ala Moana Hotel

Cultural Consultation, Remote Indigenous Populations, and Technology

Chair:
Linda B. Nahulu, M.D.

Presenter(s):
Chad Y. Koyanagi, M.D.
Linda B. Nahulu, M.D.
Daniel A. Alicata, M.D.
Courtenay Matsu, M.D.

WORKSHOP 106
NOON – 1:30 P.M.
Ilima Room, Second Floor
Ala Moana Hotel

Psychotherapeutic Strategies to Enhance Medication Adherence 3 4
APA MEMBERS ONLY

Chairs:
R. Rao Gogineni, M.D.
Amit Gupta, M.D.

Presenter(s):
Donna M. Sudak, M.D.
Nyapati R. Rao, M.D., M.S.
R. Rao Gogineni, M.D.

MEDIA WORKSHOP
MEDIA WORKSHOP 8
NOON – 3:00 P.M.
Room 320, Emalani Theater, Level 3
Hawaii Convention Center

"Precious:" Using Psychodynamic Concepts to Inform Care and Facilitate Recovery
American Psychoanalytic Association

Chair:
Sandra C. Walker, M.D.

Presenter(s):
Annelle B. Primm, M.D., M.P.H.
Sandra C. Walker, M.D.
Carlotta G. Miles, M.D.

SYMPOSIA
SYMPOSIUM 67
NOON – 3:00 P.M.
Room 309, Level 3
Hawaii Convention Center

Time-Limited Outpatient Psychotherapy for Cancer Patients: Focus on the Continuum From Cancer Diagnosis to Survival 4

Chairs:
Anton C. Trinidad, M.D.
Lorenzo Norris, M.D.

1. **Introductions: Assessment of Cancer Patients for Time-Limited Psychotherapy: Who's Appropriate at What Stage?**
   Anton C. Trinidad, M.D.
2. **Palliative Psychotherapy: When the Prognosis Seems Bleak**
   Lorenzo Norris, M.D.
3. **Case Presentations**
   Deyadira Baez-Sierra, M.D.
4. **Case Presentations**
   Yavar Moghimi, M.D.

SYMPOSIUM 68
NOON – 3:00 P.M.
Room 314, Level 3
Hawaii Convention Center

Field Trial Testing of Proposed Revisions to *DSM-5* 7
American Psychiatric Institute for Research and Education

Chairs:
Darrel A. Regier, M.D., M.P.H.
David J. Kupfer, M.D.

1. ***DSM-5* Field Trials**
   Helena C. Kraemer, Ph.D.
2. **Dimensional Approaches in *DSM-5***
   Jack D. Burke, M.D., M.P.H.
3. **Testing New Diagnostic Criteria in the *DSM-5* Field Trials**
   William E. Narrow, M.D., M.P.H.
4. ***DSM-5* Field Trials: Implementation in Academic/Large Clinical Settings**
   Diana E. Clarke, M.S.C., Ph.D.
5. **Testing *DSM-5* in Routine Clinical Practice Settings: Large-Scale Science in Small-Scale Practices**
   Eve K. Mościcki, Sc.D., M.P.H.

SYMPOSIUM 69
NOON – 3:00 P.M.
Room 315, Level 3
Hawaii Convention Center

Innovative Uses of Psychodynamic Psychiatry Across the Life Cycle 4
American Academy of Psychoanalysis and Dynamic Psychiatry

Chair:
Joan G. Tolchin, M.D.

Discussant:
Carolyn B. Robinowitz, M.D

1. **The Myth of the Med Check: Psychodynamics and Psychopharmacology**
   Charles B. Nemeroff, M.D., Ph.D.
2. **Ways the General Psychiatrist Can Work With Resistant Adolescent Patients**
   Joan G. Tolchin, M.D.

3. **Vampires and Vamps: School Consultation With Special Needs Children**
   Eugenio M. Rothe, M.D.

4. **Magic, Fantasy, and Neurobiology**
   Richard Brockman, M.D.

SYMPOSIUM 70
NOON – 3:00 P.M.
Room 316A, Level 3
Hawaii Convention Center

Psychiatric Nosology: A Search for New Models 6
National Institute of Mental Health

Chairs:
Nancy C. Andreasen, M.D., Ph.D.
Carol A. Tamminga, M.D.

1. **Psychiatric Nosology: Where Have We Been, and Where Shall We Go?**
   Nancy C. Andreasen, M.D., Ph.D.

2. **The NIMH Research Domain Criteria Project (RDoc)**
   Bruce N. Cuthbert, Ph.D.

3. **Phenomics Strategies to Reshape Nosology**
   Robert Bilder, Ph.D.

4. **A New Model for Conceptualizing Dimensions: Psychosis as an Intermediate Phenotype**
   Carol A. Tamminga, M.D.

SYMPOSIUM 71
NOON – 3:00 P.M.
Room 316C, Level 3
Hawaii Convention Center

Guidance on Quality of Mental Health Services: International Perspectives

Chairs:
Wolfgang Gaebel, M.D.
Harold A. Pincus, M.D.

Discussant:
Harold A. Pincus, M.D.

1. **Crossing the International Quality Chasm: Measuring the Quality of Mental Health Care**
   Sharat Parameswaran, M.D.

2. **Guidance on the Quality of Mental Health Services From a European Perspective**
   Wolfgang Gaebel, M.D.

3. **Mental Health Services in Developing Countries**
   Norman Sartorius, M.D., Ph.D.

SYMPOSIUM 72
NOON – 3:00 P.M.
Room 317A/B, Level 3
Hawaii Convention Center

Reproductive Issues and Women's Mental Health: Update and Controversy

Chair:
Gisële Apter, M.D., Ph.D.

Discussant:
Carol C. Nadelson, M.D.

1. **Gender, Social Policy, and Promoting Women's Mental Health**
   Helen E. Herrman, M.D., M.B.

2. **Effects of Infertility on Women's Mental Health**
   Malkah T. Notman, M.D.

3. **Psychiatric Aspects of Abortion**
   Nada L. Stotland, M.D., M.P.H.

4. **Dilemmas Concerning Miscarriage and Genetic Terminations**
   Gail E. Robinson, M.D.

5. **Pregnancy: How to Recognize and Manage Antenatal Maternal Mental Health Issues?**
   Gisële Apter, M.D., Ph.D.

SYMPOSIUM 73
NOON – 3:00 P.M.
Room 318A/B, Level 3
Hawaii Convention Center

Update on CL Issues Across the Life Span

Chairs:
Tatiana Falcone, M.D.
Kathleen S. Franco, M.D., M.S.

1. **Current Issues in Organ Transplantation for the Pediatric CL Psychiatrist**
   Marcy J. Forgey, M.D., M.P.H.

2. **Update on Psycho-Oncology**
   Isabel N. Schuermeyer, M.D.

SESSION TRACKS
1 Anxiety & Mood Disorders
2 Personality Disorders
3 Psychopharmacology
4 Psychotherapy
5 Schizophrenia and Other Psychotic Disorders
6 NIMH
7 DSM-5

3. **Perinatal Psychiatry Principles and Novel Options**
   Susan Hatters Friedman, M.D.

4. **Epilepsy and Depression in Youth**
   Tatiana Falcone, M.D.

SYMPOSIUM 74
NOON – 3:00 P.M.
Room 319A/B, Level 3
Hawaii Convention Center

Current Research and Interventions for Underserved and Vulnerable Youth
APA Council on Children, Adolescents and Their Families

Chair:
Niranjan S. Karnik, M.D., Ph.D.

Discussant:
Scott J. Hunter, Ph.D.

1. **Psychiatric Disorders Among Incarcerated Juveniles and Implications for Care**
   Hans Steiner, M.D.

2. **Trauma and Resilience in Unaccompanied Refugee Minors**
   Julia Huemer, M.D.

3. **Development and Evaluation of Mental Health Interventions and Services for Children and Youth in Public Care**
   Panos Vostanis, M.D., M.B.

4. **San Francisco Homeless Youth Study: Summary Data**
   Jennifer P. Edidin, Ph.D.

SYMPOSIUM 75
NOON – 3:00 P.M.
Room 321A, Level 3
Hawaii Convention Center

Child Sex Tourism: Extending the Borders of Sexual Offender Legislation

Chair:
William J. Newman, M.D.

1. **Introduction to Child Sex Tourism**
   William J. Newman, M.D.

2. **Conducting Criminal Investigations Abroad for the Department of Homeland Security**
   Gary Phillips

3. **Forensic Evaluations and Legal Challenges Pertaining to Child Sex Tourism**
   Jason G. Roof, M.D.

4. **Forensic Interviewing of Children for Alleged Sexual Abuse**
   Charles Scott, M.D.

SYMPOSIUM 76
NOON – 3:00 P.M.
Room 321B, Level 3
Hawaii Convention Center

The Evolution of Risk Assessment: Where We Have Been, Where We Are Now, and Where We Are Headed

Chairs:
Mini Mamak, Ed.D.
Gary A. Chaimowitz, M.D.

1. **The History of Risk Assessment: Adaptation for Assessing and Managing Violence on Inpatient Units**
   Gary A. Chaimowitz, M.D.

2. **The Evolution of Risk Assessment: Where We Have Been, Where We Are Now, and Where We Are Headed**
   Mini Mamak, Ed.D.

SYMPOSIUM 77
NOON – 3:00 P.M.
Room 322A, Level 3
Hawaii Convention Center

Infection to Transplantation: Managing Psychiatric Comorbidity in "Difficult to Treat" Hepatitis C Patients

Chair:
Sanjeev Sockalingam, M.D.

1. **Re-visiting "Difficult-to-Treat" Patients with Severe Mental Illness and Hepatitis C**
   Sanjeev Sockalingam, M.D., F.R.C.P.C.

2. **Managing Tri-Morbidity: Hepatitis C, Substance Use and Co-Morbid Psychiatric Illness**
   Diana Blank, M.D.

3. **Psychosocial Issues Associated with Liver Transplantation and Hepatitis C Recurrence**
   Sarah E.R. Greenwood, B.S.N., R.N.

4. **Lessons Learned in Managing Psychiatric Illness in Patients Transplanted for Hepatitis C**
   Susan E. Abbey, M.D., F.R.C.P.C.

SYMPOSIUM 78
NOON – 3:00 P.M.
Room 324, Level 3
Hawaii Convention Center

Using Computer-Based Standardized Neurocognitive Assessment to Improve Psychiatric Clinical Practice

Chairs:
Joseph J. Parks, M.D.
John P. Docherty, M.D.

Discussant:
Philip D. Harvey, Ph.D.

1. **Computerized Tests to Assess Neurocognitive Function in Schizophrenia**
   John P. Docherty, M.D.

2. **Applying Current Research in ADHD to Clinical Practice: Integrating Cognition, Emotion, and Brain Basis**
   Leanne Williams, Ph.D.

3. **Identifying Neurocognitive Deficits in Adolescent Anorexia Nervosa and Treatment Implications**
   Ainslie Hatch, Ph.D.

4. **Use of Multi-Study International Databases in Advancing Research on Cognition and Mental Illness**
   Stephen H. Koslow, Ph.D.

5. **Fitting Computerized Cognitive Testing Into Your Psychiatric Practice: Creating the Process and Getting Payment**
   Joseph J. Parks, M.D.

SYMPOSIUM 79
NOON – 3:00 P.M.
Room 325A, Level 3
Hawaii Convention Center

The Impact of Chronic Illness: A More Optimal Alliance

Chairs:
Kenneth Olson, M.D., M.S.
Paige T. Taylor, M.S.

1. **Coping With Chronic Illness: Four Skill Sets to Emotionally Thrive**
   Paige T. Taylor, M.S.

2. **Beyond the Barrier: The Impact of Chronic Illness on Self and Emotions**
   Kenneth Olson, M.D., M.S.

SYMPOSIUM 80
NOON – 3:00 P.M.
Room 327, Level 3
Hawaii Convention Center

The Clinical Complexities of Tourette's Disorder: It's All in the Family

Chairs:
Cathy Budman, M.D.
Barbara J. Coffey, M.D., M.S.

1. **Overview of Tourette's Disorder Through the Life Cycle**
   Cathy Budman, M.D.

2. **Genetic and Environmental Contributors to the Development and Expression of Tourette's Disorder and Related Comorbidities**
   Carol A.Mathews, M.D.

3. **Pharmacological Treatment of Tourette's Disorder and Psychiatric Comorbidity**
   Barbara J. Coffey, M.D., M.S.

4. **Nonpharmacological Treatments of Tourette's Disorder and Co-Occurring Conditions**
   John T. Walkup, M.D.

SYMPOSIUM 81
NOON – 3:00 P.M.
Room 328, Level 3
Hawaii Convention Center

Dr. Stonewall Stickney: In His Own Words

Chair:
J. Luke Engeriser, M.D.

Discussant:
Tuerk Schlesinger, M.B.A

1. **The Historical Backdrop of Wyatt v. Stickney**
   J. Luke Engeriser, M.D.

2. **Review of the Legal Aspects of Wyatt v. Stickney**
   William Billett, M.D.

3. **Biography of Dr. Stickney**
   Sandra Parker, M.D.

SYMPOSIUM 82
NOON – 3:00 P.M.
Hibiscus Ballroom I, Second Floor
Ala Moana Hotel

Predictors of Treatment Utilization and Treatment Response in BPD

Chairs:
Marianne S. Goodman, M.D.
Larry J. Siever, M.D.

Discussant:
Larry J. Siever, M.D.

1. **Predictors of Time-to-Cessation of Individual Therapy for Borderline Patients**
   Mary C. Zanarini, Ed.D.

2. **Use of fMRI to Predict Treatment Response With Dialectical Behavior Therapy in BPD**
   Marianne S. Goodman, M.D.

3. **Predicting Treatment Outcomes, Retention, and Alliance in DBT and SSRI Treatment With BPD**
   Barbara H. Stanley, Ph.D.

4. **Predictors of Treatment Utilization and Treatment Response in BPD**
   Peter Fonagy, Ph.D.

SYMPOSIUM 83
NOON – 3:00 P.M.
Hibiscus Ballroom II, Second Floor
Ala Moana Hotel

Innovative Models of Community Outreach and Community-Based Partnerships in Mental Health Care

Chairs:
Gregory W. Dalack, M.D.
Marcia T. Valenstein, M.D., M.S.

Discussant:
Michelle B. Riba, M.D.

1. **Depression Disease Management: Outreach, Outcomes, and Costs**
   Kevin B. Kerber, M.D.

2. **Telephone-Based Mutual Peer Support for Patients in Depression Treatment: The Pilot and In-Progress RCT**
   Paul Pfeiffer, M.D., M.S.

3. **Welcome Back Veterans: Buddy to Buddy, A Peer Outreach Program for Returning Soldiers**
   Marcia T. Valenstein, M.D., M.S.

4. **Community Partners in Care: A Partnership to Improve Depression Care in Los Angeles**
   Bowen Chung, M.D., M.S.

5. **The Care Partner Model for Improving Mental Health**
   John D. Piette, Ph.D.

SYMPOSIUM 84
NOON – 3:00 P.M.
Plumeria Room, Second Floor
Ala Moana Hotel

CBASP for Chronic Depression: The Neurobiology of Affective Dysregulation and Effective Treatment 1

Chairs:
Eva-Lotta Brakemeier, Ph.D.
Jennifer Kim Penberthy, Ph.D., M.A.

1. **Feasibility and Outcome of Cognitive Behavior Analysis System of Psychotherapy (CBASP) for Chronically Depressed Inpatients: A Pilot Study**
   EvaLotta Brakemeier, Ph.D.

2. **CBASP for Chronic Depression: Impact of Comorbidities and Learning Acquisition**
   Jennifer Kim Penberthy, Ph.D., M.A.

3. **fMRI: Characterization of a Neural Network Mediating the Impairment and Improvement of Perceived Functionality in Chronic Depression**
   Knut Schnell, M.D.

4. **Social Cognition in Chronic Depression**
   Claus Normann, M.D.

1:00 P.M. SESSIONS
NEW RESEARCH POSTER SESSION 10
NEW RESEARCH POSTER SESSION 10

1:00 P.M. – 3:00 P.M.
Exhibit Hall

EVENTS FOR RESIDENTS

The APA planned daily events for residents so they can meet & share information.

Saturday, May 14

Resident Poster Competition Session #1
10:00am - 11:30am
Hawaii Convention Center, Exhibit Hall, Lvl 1

"How to Survive the Annual Meeting"
Orientation *Chair: Kayla Pope, MD*
12noon to 1:30pm
Ala Moana Hotel, Garden Lanai, 2nd Floor

Resident Poster Competition Session #2
1:00pm - 3:00pm (Reception follows)
Hawaii Convention Center, Exhibit Hall, Lvl 1

Sunday, May 15

How to Navigate the APA
Chair: Steve Koh, MD
7:00am to 8:30am
Ala Moana Hotel, Ilima Room, 2nd Floor

Monday, May 16

Meet the Experts: Sunny Side Up Breakfast
Chair: Joyce Spurgeon, MD
7:00am to 8:30am
Ala Moana Hotel, Hibiscus I, 2nd Floor

Tuesday, May 17

How to Submit & Present a Workshop
Chair: Sarah Johnson, MD
7:00am to 8:30am
Ala Moana Hotel, Ilima Room, 2nd Floor

WEDNESDAY

Program changes are printed each day in the **Daily Bulletin** which can be picked up in the Hawaii Convention Center. A mobile application will also be available.

7:00 A.M. SESSIONS

SCIENTIFIC AND CLINICAL REPORTS SESSIONS 29-30

SCR 29

7:00 A.M. – 8:30 A.M.
Room 316B, Level 3
Hawaii Convention Center

Mood Disorders 2 1 3

Chair:
Adel Gabriel, M.D.

97. Decrease in Depression Predicts Longer Survival With Metastatic Breast Cancer
David Spiegel, M.D.

98. Efficacy of Valproic Acid, Lithium Carbonate, and Carbamazepine in Maintenance Phase of Bipolar Disorder: A Naturalistic Study
Eric D. Peselow, M.D.

99. L-Methylfolate Augmentation of SSRIs for Major Depressive Disorder: Results of Two Randomized, Double-Blind Trials
George I. Papakostas, M.D.

100. Assessment of a Biomarker Panel for Major Depressive Disorder in a Community-Based Study
Perry F. Renshaw, M.D., Ph.D.

SCR 30

7:00 A.M. – 8:30 A.M.
Room 317A/B, Level 3
Hawaii Convention Center

Personality Disorders 2 2

Chair:
Peter Thompson, M.D.

101. Schema Therapy: A Comprehensive Treatment for BPD
Heather M. Fretwell, M.D.

102. Smoking in Patients With BPD
Frances Frankenburg, M.D.

103. Dual Challenge in the Field: How to Identify and Treat Patients With Comorbid Diagnoses of Bipolar Disorder and BPD
Bernadette M. Grosjean, M.D.

104. Implementing STEPPS in Iowa Prisons
Donald W. Black, M.D.

WORKSHOPS

WORKSHOP 107

7:00 A.M. – 8:30 A.M.
Room 322A, Level 3
Hawaii Convention Center

Assessing and Treating Alcohol Use Disorders in Psychiatric Practice

Chairs:
Mark Willenbring, M.D.
Robert Huebner, Ph.D.

WORKSHOP 108

7:00 A.M. – 8:30 A.M.
Room 322B, Level 3
Hawaii Convention Center

Psychiatric Injury and the Law: PTSD Gone Wild? 1

Chairs:
Landy F. Sparr, M.D., M.A.
Charles Scott, M.D.

Presenter(s):
William J. Newman, M.D.
Nicholas L. Gannon, J.D.
John F. Fergueson, B.S., D.Min.

WORKSHOP 109

7:00 A.M. – 8:30 A.M.
Room 324, Level 3
Hawaii Convention Center

Successful Career Planning for Women
APA Women's Caucus

Chair:
Gail E. Robinson, M.D.

Presenter(s):
Carol C. Nadelson, M.D.
Gail E. Robinson, M.D.

WORKSHOP 110

7:00 A.M. – 8:30 A.M.
Room 326A, Level 3
Hawaii Convention Center

Developing a Career in Child Psychiatry

Chair:
Ara Anspikian, M.D.

Presenter(s):
Marcy J. Forgey, M.D., M.P.H.
William Arroyo, M.D.
Jayanthi K. Peters, M.D.
Ledro Justice, M.D.
Sheryl Kataoka, M.D.

WORKSHOP 111

7:00 A.M. – 8:30 A.M.
Room 326B, Level 3
Hawaii Convention Center

The Accessible Psychiatry Project: The Public Face of Psychiatry in New Media

Chairs:
Steven R. Daviss, M.D.
Dinah Miller, M.D.

Presenter(s):
Annette Hanson, M.D.

WORKSHOP 112

7:00 A.M. – 8:30 A.M.
Room 327, Level 3
Hawaii Convention Center

The Customer Is Always Wrong: The Inverse Correlation Between Patient Requests and Services Delivered in Emergency Psychiatric Services

Chairs:
Kenneth M. Certa, M.D.
Jessica Mosier, M.D.

Presenter(s):
Ellen Gluzman, M.D.

SESSION TRACKS

1. Anxiety & Mood Disorders
2. Personality Disorders
3. Psychopharmacology
4. Psychotherapy
5. Schizophrenia and Other Psychotic Disorders
6. NIMH
7. DSM-5

8:00 A.M. SESSIONS

MEDIA WORKSHOP

MEDIA WORKSHOP 9

8:00 A.M. – 11:00 A.M.
Room 320, Emalani Theater, Level 3
Hawaii Convention Center

Madly Gifted 1

Chairs:
Nubia G. Lluberes, M.D.
Asim Shah, M.D.

Presenter(s):
Niberca Polo, M.A.

SYMPOSIA

SYMPOSIUM 85

8:00 A.M. – 11:00 A.M.
Room 309, Level 3
Hawaii Convention Center

Treating Behavior Disturbances in Dementia in the Era of Black Box Warnings 3

A.M. 7
A.M. 11

WEDNESDAY, MAY 18

Chair:
Rajesh R. Tampi, M.D., M.S.

1. **Treating Behavior Disturbances in Dementia in the Era of Black Box Warnings**
   Sunanda Muralee, M.D.

SYMPOSIUM 86
8:00 A.M. – 11:00 A.M.
Room 312, Level 3
Hawaii Convention Center

Stigmatizing Psychiatry and Psychiatrists: An International Perspective

Chairs:
Wolfgang Gaebel, M.D.
Norman Sartorius, M.D., Ph.D.

1. **Stigmatizing Mental Disorders**
   Norman Sartorius, M.D., Ph.D.

2. **Improving the Value of Psychiatry**
   Tsuyoshi Akiyama, M.D., Ph.D.

3. **Stigmatizing Psychiatry and Psychiatrists: The Scope of the Problem**
   Wolfgang Gaebel, M.D.

4. **Stigma and the Media**
   Allan Tasman, M.D.

SYMPOSIUM 87
8:00 A.M. – 11:00 A.M.
Room 313A-C, Level 3
Hawaii Convention Center

Predictors of Disease Vulnerability and Treatment Response: Personalized Medicine in Psychiatry

Chair:
Charles B. Nemeroff, M.D., Ph.D.

1. **Personalized Medicine: Depression**
   Charles B. Nemeroff, M.D., Ph.D.

2. **Personalized Medicine: Psychotic Major Depression**
   Alan F. Schatzberg, M.D.

3. **Using fMRI to Predict Treatment Response in Patients With GAD and Depression**
   Ned H. Kalin, M.D.

4. **Personalized Medicine in Psychiatry: Alzheimer's Disease**
   Claes Wahlestedt, M.D., Ph.D.

5. **Personalized Medicine in Psychiatry: Emergent Therapeutic Advances in Schizophrenia**
   Peter F. Buckley, M.D.

SYMPOSIUM 88
8:00 A.M. – 11:00 A.M.
Room 314, Level 3
Hawaii Convention Center

Cannabinoid Medicine: Discovery, Evolution, and Status in 2011 3

Chair:
Lawrence K. Richards, M.D.

1. **Cannabis: A Commonwealth Medicinal Plant, Long Suppressed, Now at Risk of Monopolization**
   Sunil K. Aggarwal, M.D., Ph.D.

2. **Problems in Current Policies Toward Marijuana Usage**
   Ronald Abramson, M.D.

3. **Navigating the Three Streams of Medicinal Cannabis Research in North America**
   David G. Ostrow, M.D., Ph.D., Mark A. Ware, M.D., M.S.C.

4. **An Illustrative Discussion of Quality, Pertinence, Reliability, and Usefulness of Medical Literature Relevant to the Concepts Presented Above**
   Lawrence K. Richards, M.D.

5. **Deconstructing Marijuana Abuse, Dependence, and Medication**
   John H. Halpern, M.D.

SYMPOSIUM 89
8:00 A.M. – 11:00 A.M.
Room 316A, Level 3
Hawaii Convention Center

Depression and Disparity: A Global Perspective 1

Chair:
Julie Adams, M.D., M.P.H.

1. **Overcoming Disparities in Depression Management in Older Adults**
   Helen Lavretsky, M.D., M.S.

2. **Lessons Learned From Two Randomized Clinical Trials of Interpersonal Psychotherapy in Uganda**
   Helen Verdeli, Ph.D.

3. **Adaptation of a Depression Treatment Intervention for HIV Patients in Cameroon**
   Bradley N. Gaynes, M.D., M.P.H.

4. **Facilitators to Improve Mental Health Care in Underserved Countries**
   Wei Jiang, M.D.

SYMPOSIUM 90
8:00 A.M. – 11:00 A.M.
Room 318A/B, Level 3
Hawaii Convention Center

Recent Advances in the Cross-Cultural, Ethnic, and Ethnopsychopharmacological Aspects of Mood Disorders 1 3

Chairs:
Shamsah B. Sonawalla, M.D.
David Mischoulon, M.D., Ph.D.

1. **Ethnopsychopharmacology Update**
   David C. Henderson, M.D.

2. **Psychiatric Management of Hispanic Patients: Cross-Cultural Issues and Ethnopsychopharmacology**
   David Mischoulon, M.D., Ph.D.

3. **Culturally Sensitive Treatment of Depressed Chinese Americans in Primary Care**
   Albert Yeung, M.D., Sc.D.

4. **Management of Mood and Anxiety Disorders in the Asian-Indian Population: An Update on Cross-Cultural Factors and Psychopharmacological Considerations**
   Rajesh B. Parikh, M.D.

5. **A Cultural Perspective on the Diagnosis and Treatment of Mood Disorders in Women: An Update**
   Shamsah B. Sonawalla, M.D.

SYMPOSIUM 91
8:00 A.M. – 11:00 A.M.
Room 319A/B, Level 3
Hawaii Convention Center

Why Do Antidepressant Trials Fail? 1 3

Chair:
Arif Khan, M.D.

1. **Role of Placebo in Antidepressant Clinical Trials**
   Arif Khan, M.D.

2. **Patient Expectancy in Antidepressant Clinical Trials**
   Bret R. Rutherford, M.D.

3. **How Do the Odds of Receiving a Placebo Impact Antidepressant Trial Results?**
   Mark Sinyor, M.S.C., M.D.

4. **Are There Alternative Trial Designs?**
   David Mischoulon, M.D., Ph.D.

5. **Clinical Trial Procedures That Contribute to the Placebo Response**
Walter Brown, M.D.

SYMPOSIUM 92
8:00 A.M. – 11:00 A.M.
Room 321A, Level 3
Hawaii Convention Center

Mental Health and Legal Perspectives of Same-Sex Civil Marriage in the United States
Association of Gay and Lesbian Psychiatrists

Chair:
David A. Tompkins, M.D.

Discussant:
Jeffrey L. Akaka, M.D.
Rep. Blake Oshiro, J.D.

1. **How APA's 1973 Decision to Remove Homosexuality From the DSM Contributed to Today's Culture Wars About Marriage Equality**
Jack Drescher, M.D.

2. **A Mental Health Research Perspective on Marital Rights and Civil Marriage for Lesbians and Gay Men**
Robert M. Kertzner, M.D.

3. **Advocating for Marriage Equality Through Op-Eds**
Mary E. Barber, M.D.

4. **Marriage Plans Interrupted and Then Fulfilled: The Impact on a Family**
Ellen Haller, M.D.

SYMPOSIUM 93
8:00 A.M. – 11:00 A.M.
Room 321B, Level 3
Hawaii Convention Center

Activated Inflammatory Response System in Patients With Psychiatric Disorders Across the Lifespan 5

Chairs:
Tatiana Falcone, M.D.
Kathleen S. Franco, M.D., M.S.

1. **Is There an Increase in the Inflammatory Response System in Patients With Substance Dependence?**
Albana Dreshaj, D.O.

2. **Cerebral Activation of the Mononuclear Phagocyte System in Depression and Schizophrenia: Postmortem Studies on the Role of Microglia**
Johann Steiner, M.D.

3. **Serum S100B: A Potential Biomarker for Suicidality in Adolescents?**
Tatiana Falcone, M.D.

4. **Monocyte and T Cell Activation in Psychiatric and Prepsychiatric Disease**
Roosmarijn Drexhage, M.D.

SYMPOSIUM 94
8:00 A.M. – 11:00 A.M.
Room 325A, Level 3
Hawaii Convention Center

Suicide and Anxiety: What Are the Risks? 1

Chairs:
Igor Galynker, M.D., Ph.D.
James M. Bolton, M.D.

1. **Lethality of Suicide Attempts Among Individuals With Anxiety Disorders in a Nationally Representative Sample**
James M. Bolton, M.D.

2. **Panic as an Independent Risk Factor for Suicide Attempt in Depressive Illness: Findings From the NESARC Survey**
Zimri Yaseen, M.D., Curren E. Katz, Ed.M.

3. **The Course of the Suicidal Process: Duration and Choice of Method**
Eberhard A. Deisenhammer, M.D.

SYMPOSIUM 95
8:00 A.M. – 11:00 A.M.
Room 325B, Level 3
Hawaii Convention Center

The Status of Psychiatric Research in The Arab World
Arab American Psychiatric Association

Chair:
Ossama T. Osman, M.D., M.B.A.

Discussant:
Ahmed Elkashef, M.D.

1. **Psychiatric Research in the Arab World: Where to Go From Here**
Ossama T. Osman, M.D., M.B.A.

2. **A Closer Look at the Psychiatric Research in Egypt**
Afaf Khalil, M.D.

3. **Substance Dependence Research in the Arab World: The Current Situation and Future Development**
Hesham Elarabi, M.S., Pharm.D.

SYMPOSIUM 96
8:00 A.M. – 11:00 A.M.
Room 328, Level 3
Hawaii Convention Center

Psychiatric and Somatic Symptoms Closely Entwined

Chairs:
Selene Veerman, M.D.
Henry Dijkstra

Discussant(s):
Esmée Arredondo, Ph.D.
Rolf Schwarz, M.D., Ph.D.

1. **GHB Detoxification Demands a Multidisciplinary Approach**
Selene Veerman, M.D.

2. **Fatal Lithium Intoxication**
Maartje M. de Graaf, M.D.

3. **Severe Mental Disorders and an Atypically Presented Acute Physical Illness: A Challenge for the Psychiatrist**
Willemijn Noom, M.D.

4. **From Psychosis to Relief of Conversion Disorder**
Nathalie N. den Ouden, M.D.

9:00 A.M. SESSIONS
SCIENTIFIC AND CLINICAL REPORTS SESSION 31
SCR 31

9:00 A.M. – 10:30 A.M.
Room 316B, Level 3
Hawaii Convention Center

Attention Spectrum Disorders 3

Chairs:
Adel Gabriel, M.D.
Frances Levin, M.D.

105. **Family Risk for Deficient Emotional Self-Regulation and Adult ADHD**
Craig B. Surman, M.D.

106. **Assessment of Cognitive Change in Adults and Children With ADD During Medication Treatment**
Kathleen Decker, M.D.

107. **Efficacy of Reboxetine in Adults With ADHD: A Randomized, Placebo-Controlled Clinical Trial**
Mehdi M. Tehranidoost, M.D.

108. **Guanfacine Extended Release Coadministered With Psychostimulants: Overall, Morning, and Evening ADHD Assessments**
Timothy E. Wilens, M.D.

WORKSHOPS

WORKSHOP 113
9:00 A.M. – 10:30 A.M.
Room 322A, Level 3
Hawaii Convention Center

Do You Hear What I Hear? How to Utilize Technology to Promote Life-Long Learning

Chair:
Peter S. Martin, M.D., M.P.H.

Presenter(s):
Peter S. Martin, M.D., M.P.H.
Michael Scharf, M.D.

WORKSHOP 114
9:00 A.M. – 10:30 A.M.
Room 322B, Level 3
Hawaii Convention Center

Collaborating for Change: DBT/MBT Psychoeducation Can Develop Family Members of People With BPD as Clinical Allies 2

Chairs:
Valerie Porr, M.A.
Linda A. Dimeff, Ph.D.

WORKSHOP 115
9:00 A.M. – 10:30 A.M.
Room 324, Level 3
Hawaii Convention Center

Stories From the Front Lines: Psychiatrists' Experiences in the Integration of Primary Care and Behavior Health

Chair:
Ruth S. Shim, M.D., M.P.H.

Presenter(s):
Lori Raney, M.D.

WORKSHOP 116
9:00 A.M. – 10:30 A.M.
Room 326A, Level 3
Hawaii Convention Center

Substance Abuse and HIV/AIDS: Women's Perspectives

Chairs
Michelle M. Primeau, M.D.
Pedro Ruiz, M.D.

Presenter(s):
Annelle B. Primm, M.D., M.P.H.
Michelle M. Primeau, M.D.
Patricia Junquera, M.D.
Rodrigo A. Munoz, M.D.

WORKSHOP 117
9:00 A.M. – 10:30 A.M.
Room 326B, Level 3
Hawaii Convention Center

Collaborative Approach to Interdisciplinary Treatment Planning

Chair:
Jaskanwar Batra, M.D.

Presenter(s):
Anne Jerman, M.S.N.
Elliott Benay, M.A.

WORKSHOP 118
9:00 A.M. – 10:30 A.M.
Room 327, Level 3
Hawaii Convention Center

Somatizing: What Every Psychiatrist Needs to Know

Chair:
Jon J.D. Davine, M.D.

10:00 A.M. SESSIONS

LECTURE
LECTURE 25
10:00 A.M. – 11:30 A.M.
Room 315, Level 3
Hawaii Convention Center

Genomics: Unpicking the Gordian Knot of Psychiatry?
International Guest Lecture

Michael M. Owen, M.S.C., Ph.D.

Chair:
Donald M. Hilty, M.D.

BIO

Michael M. Owen, M.S.C., Ph.D., is Director of the Neuroscience and Mental Health Research Institute. Dr. Owen worked on the genetics of psychiatric and neurodegenerative disorders for over 20 years and brings to the Research Institute extensive research expertise in the genetic aspects of schizophrenia, bipolar disorder, Alzheimer disease, ADHD, and dyslexia. He and his colleagues have identified novel genetic risk factors for a number of disorders. His most recent research activities focus on the translation of genetic findings into benefit for patients through research on disease mechanisms, classification, and diagnosis. He is Head of the Department of Psychological Medicine and Neurology in the School of Medicine and Deputy Head of the School of Medicine. He is also the Director of the Medical Research Council's Centre for Neuropsychiatric Genetics and Genomics.

11:00 A.M. SESSIONS

WORKSHOPS

WORKSHOP 119
11:00 A.M. – 12:30 P.M.
Room 322A, Level 3
Hawaii Convention Center

Addressing Diabetes and Cardio-Metabolic Risk in Low-Resource Community Psychiatry Settings: Tools to Tap Into Motivation

Chairs:
Jeanie Tse, M.D.
Elisa Chow, Ph.D.

WORKSHOP 120
11:00 A.M. – 12:30 P.M.
Room 322B, Level 3
Hawaii Convention Center

Anishinaabe and Ojibwe, Healing Practices and Guiding Life Principles

Chair:
Robert C. Palmer, M.D., A.B.

WORKSHOP 121
11:00 A.M. – 12:30 P.M.
Room 326A, Level 3
Hawaii Convention Center

Promoting Improved Integration: An Examination of Collaborative Health Care Models
APA Council on Advocacy and Government Relations

Chair:
Peter S. Martin, M.D., M.P.H.

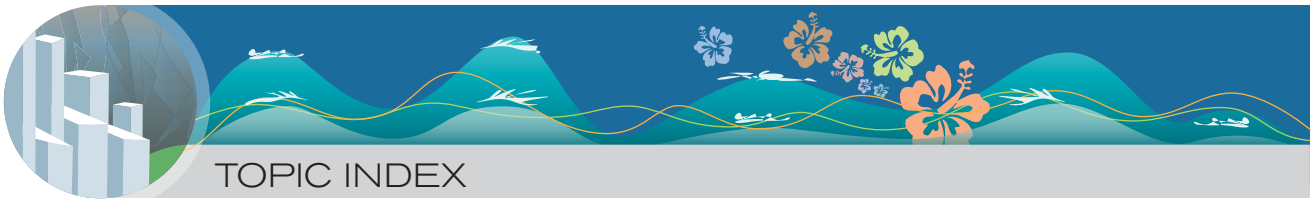
Presenter(s):
Marilyn Griffin, M.D.
Peter S. Martin, M.D., M.P.H.
Christina V. Mangurian, M.D.

WORKSHOP 122
11:00 A.M. – 12:30 P.M.
Room 326B, Level 3
Hawaii Convention Center

The Role of Psychiatrists Supporting the U.S. Embassy Employees During the Haiti Earthquake: Perspectives From the Department of State Mental Health Services

Chair:
Panakkal David, M.D.

Presenter(s):
David R. Johnson, M.D., M.P.H.
Mark Vanelli, M.D.



TOPIC INDEX

GUIDE TO USING THE TOPIC INDEX

You can use this index to find sessions of interest to you. Listed below are all of the topic areas contained in the scientific program. Listed under each topic you will find the title of the individual session listed by number. The listing will also show the page number where the session appears in this book. Look up the page number for further details about the session.

TOPIC INDEX

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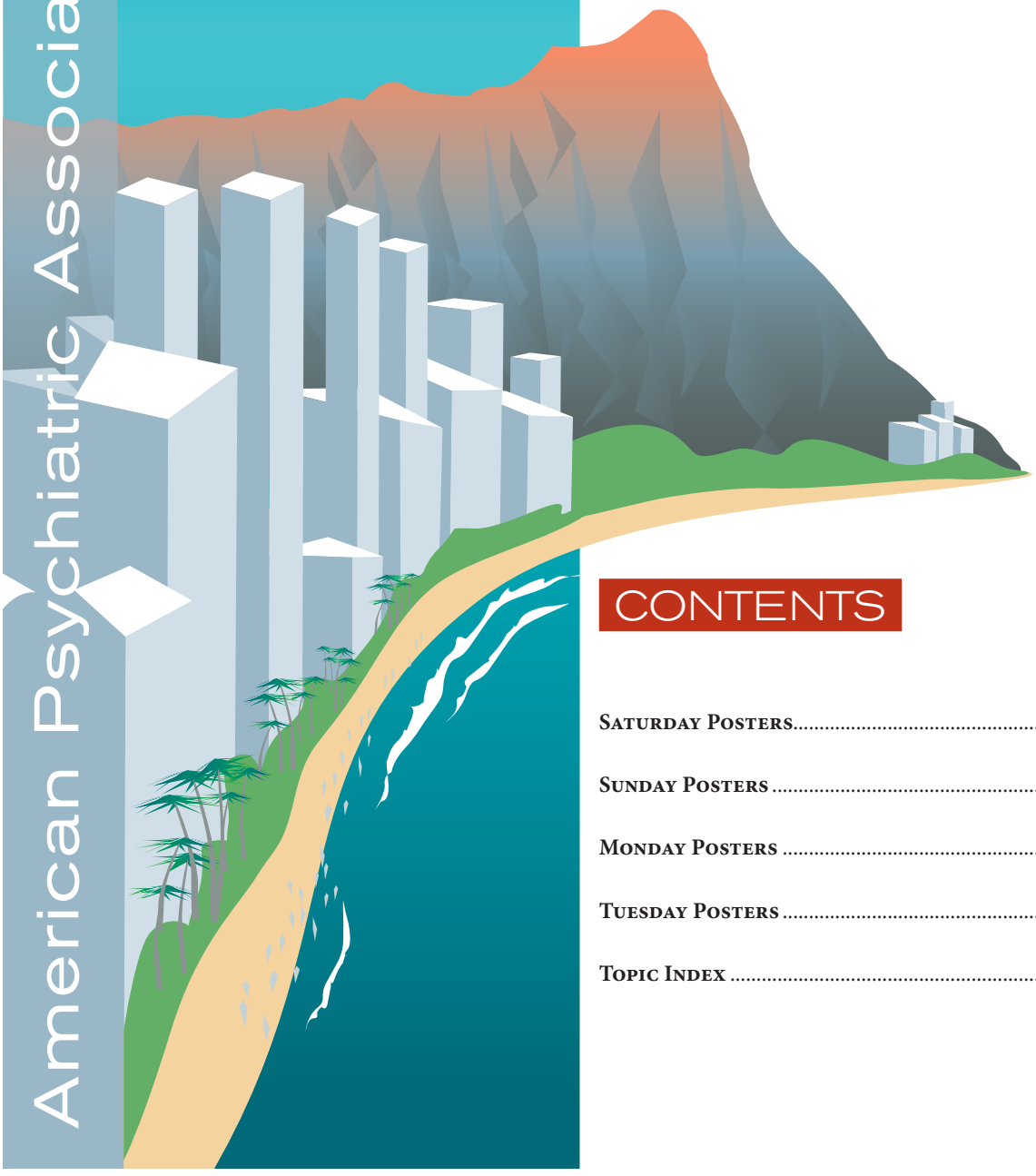
TOPIC INDEX

American Psychiatric Association

New Research



CONTENTS

A.M. 10

A.M. 11

10:00 AM – 11:30 AM
POSTER SESSION 1
RESIDENT POSTER COMPETITION

EXHIBIT HALL,
HAWAII CONVENTION CENTER
Community Service

CURRICULUM DEVELOPMENT AND EDUCATION

NR1-01
Promoting Health Through the Beautiful Game: Engaging With and Advocating for Residents of Vancouver's Downtown Eastside Through Street Soccer
Alan T. Bates, M.D., Ph.D.

NR1-02
Le Courlis: An Innovative Residential-Setting Rehabilitation Program in Erstein-Alsace (France)
Michel Burger, M.D.

NR1-03
Bridging Residency Training With Consumer Advocacy Group: Ask-A-Doc Program With San Diego National Alliance on Mental Illness
Steve Koh, M.D., M.P.H.

NR1-04
Variation in Succinic Semialdehyde Dehydrogenase (ALDH5A1) Gene Is Associated With Eye Tracking and Early Visual Processing Deficits in Schizophrenia
Nithin Krishnal, M.D.

NR1-05
Adults With Severe Psychiatric Symptoms in a Community Partial Hospitalization Program: Characteristics and Predictors of Clinical Response
Deshmukh Parikshit, M.D.

NR1-06
Trends in the Diagnosis of Psychiatric Outpatients Over 8 Years in Kyung Hee University Hospital
Jehyun Shim, M.D.

NR1-07
Detox: Medical or Psychiatric?
Eri Shinozaki, M.D.

PATIENT-ORIENTED & EPIDEMIOLOGY

NR1-08
Pattern of Substance Use in the Geriatric Population Who Present to the Psychiatric Emergency Services
Olga Achildi, M.D.

NR1-09
Efficiency in Routine Laboratory Testing Among Psychiatry Inpatients
Raquel Alvarez-Garcia, M.D.

NR1-10
Institutional Policy to Enhance Access to Behavioral Health Care Among Soldiers Returning From Combat Theater
Rohul Amin, M.D.

NR1-11
Videogame Addiction: A Review of the Literature
Carolina Arevalo, M.D.

NR1-12
Depression and Anxiety in Patients With Implantable Cardioverter Defibrillators (AICDS) – a Comparison With Non-AICD Cardiovascular Patients.
Garima Arora, M.D.

NR1-13
Advance Care Planning in Patients With Severe Chronic Mental Illness and End Stage Disease
Melissa Bender, M.D.

NR1-14
A Personal Goal-Setting Approach to Addressing Maladaptive Adolescent Behaviors and Negative Affect
Tarun Bhandari, M.D.

NR1-15
Extrapyramidal Syndrome and Tardive Dyskinesia Rates With Typical and Atypical Antipsychotics in Psychiatric Outpatients
Kamal Bijanpour, M.D.

NR1-16
Efficacy and Cost-Effectiveness of Rivastigmine Transdermal Patch and Donepezil in Alzheimer's Disease: An Indian Experience
Ram Jeevan Bishnoi, D.P.M.

NR1-17
Search for a Cause for Failed Appointments in a University Psychiatry Hospital Setting
Khaja N. Chisty, M.D.

NR1-18
Time Left for Intervention in the Suicidal Process in Borderline Personality Disorder (BPD)
Federico Manuel Daray, M.D., Ph.D.

NR1-19
Late Onset Delirium Tremens
Jairam Das, M.D.

NR1-20
Munchausen Syndrome by Proxy With an Adult Victim: A Case Series
George Deimel, M.D.

NR1-21
Depression in First and Second Year Undergraduate Students in an Academically Rigorous University Setting.
Kavi K. Devulapalli, M.P.H., B.A.

NR1-22
Differentiating Between Bipolar Disorders Type I and II
Sivan Durbin, M.D., M.S.C.

NR1-23
Video Games, Tv, Physical Activity and Teen Sleep: Results From the 2009 Youth Risk Behavior Survey
Caris Fitzgerald, M.D.

NR1-24
Spironolactone in the Treatment of Hypersexuality in a Female Sex Offender
Brian Foley, M.D.

NR1-25
Resiliency in Veterans With Posttraumatic Stress Disorder
Almari Ginory, D.O.

NR1-26
A Case of Psychosis in a Patient With Right Frontoparietal Stroke: Diagnostic Challenges and Treatment
Gabrielli Gorospe, M.D., M.S.

NR1-27
Burnout Amongst Staff Who Support Individuals With Developmental Disabilities: the Role of Client Aggression and Work Setting
Jennifer Hensel, M.D.

NR1-28
Descriptive Outpatient Clinic Model Development for Dually-Diagnosed Patients on Buprenorphine Maintenance Therapy
Jessica Herrera, M.D.

NR1-29
The Effect of Electroconvulsive Therapy on Refractory Neuropathic Pain and Depression: A Case Report
Michael J. Hill, B.S., B.A.

NR1-30
Narcohypnotic Interview Using Intravenous Lorazepam in a Patient With Suspected Conversion Disorder
Heather Huang, M.D.

NR1-31
Neuroleptic Malignant Syndrome (NMS) in HIV Patients in the Emergency Room: Therapeutic ANC Diagnostic Considerations
Danijela Ivelja-Hill, M.D.

NR1-32
Hallucinations Among Older Adults With Schizophrenia
Ifeanyi Izediuno, M.B.B.S

NR1-33
Social Network Characteristics and Effect on Severity of Psychosis in a Community Sample With High Prevalence of Stimulant Use
Willough A. Jenkins, M.D., R.Ph.

NR1-34
Electroconvulsive Therapy and the Media: A Review of Youtube Videos
Sarah H. Juul, M.D., M.S.C.

NR1-35
REACT-PCS: Racial and Ethnic Associations to Consult and Treatment – Psychiatry Consultation Service
Yukari Kawamoto, M.D.

NR1-36
Altered Color Perception as Side Effect of Selective Serotonin Reuptake Inhibitors (SSRIs): Two Case Reports and Literature Review
Manpreet Khemka, M.B.B.S

NR1-37
Is There an Appropriate Age to Screen for Delirium Following Cardiac Surgery?
Adam Lau, M.D.

NR1-38
Mental Health in Primary Care for Adolescent Parents
Dayna LePlatte, M.D.

NR1-39
Case Report of Atrial Fibrillation Immediately Following Right Unilateral Ultra Brief Pulse Electroconvulsive Therapy in a Healthy 46 Year Old Male
George H. Loeffler, M.D.

NR1-40
The Prevalence of Hoarding in an Outpatient Geropsychiatry Clinic
Nidhi Goel, M.B.B.S.

NR1-41
Serum Estradiol Levels and Mood and Health-Related Quality of Life in Canadian Postmenopausal Women: A Cross-Sectional Study
Joanna K. Mansfield, M.D.

NR1-42
Risk of Posttraumatic Stress Disorder Associated With Shooting During Combat in Iraq and Afghanistan
Christy L. Mantanona Lee, D.O.

NR1-43
Rechallenge With Clozapine After Neutropenia: A Case Presentation Demonstrating the Role of Genetic Testing
Curtis A. McKnight, M.D.

NR1-44
The Informed Consent Not to Be Informed: A Cross Sectional Survey on the Use of Placebo in Clinical Practice
Uri Nitzan, M.D.

NR1-45
Falling Through the Cracks: How to Evaluate Women With Midrange Edinburgh Postpartum Depression Scale Scores in a Large, Urban, Community Hospital
Sarah Noble, D.O.

NR1-46
Predictors of Bipolar Progression in Unipolar Psychotic Depression
Søren Dinesen Østergaard, M.D.

NR1-47
High Suicidal Mortality of Psychiatric Patients: Suicidal Attempters, Emergency Room Visitors and Psychiatric Inpatients
Subin Park, M.D.

NR1-48
Returning to Pre-Katrina Homes During Episodes of Psychosis: A Case Report
Gayle Pletsch, M.D.

NR1-49
Repeated Use of Physical Restraints on Acute Inpatient Psychiatric Units
Guillermo Portillo, M.D.

NR1-50
The Psychopharmacology Algorithm Project at the Harvard South Shore Program: Managing Psychotropics for Pregnant Women With Mood Disorders
Nicole Quiterio, M.D.

NR1-51
Psychiatric Implications of Bedbugs
Evan Rieder, M.D.

NR1-52
Oxidative Stress Parameters in Alzheimer's Disease: Potential Biomarkers of the Neurodegenerative Process
Kasia G. Rothenberg, M.D., Ph.D.

NR1-53
WITHDRAWN

NR1-54
Prevalence of Metabolic Syndrome (MS) in Veterans With Alcohol Related Disorders Alone and Alcohol and Marijuana Related Disorders Combined
Roopa Sethi, M.D.

NR1-55
An Evidence-Based Approach for the Clinician in the Medical Evaluation of the Patient Undergoing Electroconvulsive Therapy
Riddhi Shah, M.D.

NR1-56
Internet Addiction of a 13 Year Old Girl
Shaneel Shah, M.B.B.S

NR1-57
Forensic Implications in Neurodegenerative Disease: A Case Study Illustrating the Need for Comprehensive Statewide Adaption of Jail Diversion Programs
Samata Sharma, M.D., M.P.H.

NR1-58
Surviving Aortic Dissection: Does Life Go On?
Janet Shu, M.D.

P.M. 1

P.M. 3

NR1-59
WITHDRAWN

NR1-60
Attribution of Psychiatric Symptoms to Military Stress
Christopher Stetler, M.D.

NR1-61
Racial Disparity in the Use of Neuromodulation for Affective Disorders: A Growing Phenomenon
Christopher W. Tjoa, M.D.

NR1-62
Characteristics and Predictors of Long-Term Institutionalization in Patients With Schizophrenia
Peter Uggerby, M.D.

NR1-63
Case Study: Bupropion Elevates Duloxetine Levels
Taya Varteresian, D.O., M.S.

NR1-64
The SAD PERSONS Scale for Suicide Risk Assessment: A Systematic Review
Sarah Warden, M.D.

NR1-65
Bipolar Disorder in Adolescent Male With Mitochondrial Myopathy: A Case Report
Nisha Warikoo, M.B.B.S

NR1-66
Evaluation and Management of Lithium-Induced Diabetes Insipidus (LIDI)
Christine Wolfe, M.D.

NR1-67
Do Children With Psychiatric Disorders Have a Higher Prevalence of Hypovitaminosis D?
Mini Zhang, M.A.

NR1-68
Music Therapy and Its Effects in Patients With Affective Disorders on an Acute Inpatient Psychiatric Unit
Eileen A. Zhivago, M.D.

1:00 PM – 3:00 PM
POSTER SESSION 2
RESIDENT POSTER COMPETITION

EXHIBIT HALL,
HAWAII CONVENTION CENTER

CURRICULUM DEVELOPMENT AND EDUCATION

NR2-01
Psychiatry Residency Information Delivery Experiment (PRIDE)
Jason E. Estok, M.D.

NR2-02
Connecting to the Future: Telepsychiatry Interest and Exposure in Post-Graduate Medical Education
Juliet A. Glover, M.D.

NR2-03
Teaching Housestaff to Enhance Student Education With the Use of Fantasy Sports (Theseus)
Heather M. Grigo, M.D.

NR2-04
The Psychiatry Residency Training in United States, Canada, United Kingdom, India and Nigeria: A Transcontinental Comparison
Gaurav Jain, M.D.

NR2-05
Newspaper Coverage of Posttraumatic Stress Disorder (PTSD) in South Korea
Yourhee Jeong, M.D.

NR2-06
Assessing and Managing Online Presence: Lessons From the Group for Advancement of Psychiatry (GAP) 2010 Fellows Plenary Session
Aaron Krasner, M.D.

NR2-07
Threats and Assaults by Patients Towards Residents: A Model Curriculum
Stephanie I. Kwok, M.D.

NR2-08
Enhancing Psychiatric Training for Neurology Residents: Can a New Curriculum Improve Resident Knowledge and Comfort With Psychiatric Patients?
Katy LaLone, M.D.

NR2-09
Mindfulness in Medical Education and Practice
Nikhil D. Majumdar, M.D.

NR2-10
The Art of Prescribing Psychiatric Medications: An Educational Approach
Jordan Matus, M.D.

NR2-11
Innovative Resident-Organized and Resident-Led Prite Review Program: Feasibility and Dissemination of the Electronic Module
Weronika A. Micula-Gondek, M.D.

NR2-12
The Impact of Supervision on Internal Medicine Residents' Attitudes and Behaviors Regarding Managing Depression in the Primary Care Setting
Jennifer M. Milone, M.D.

NR2-13
The Systems' Review of Systems: A Tool for Learning Systems-Based Practice
Fumi Mitsuishi, M.D., M.S.

NR2-14
Developing Curriculum and Training Opportunities for Psychiatry Residents in Global Mental Health
Karen J. Mu, M.D., Ph.D.

NR2-15
Building Capacity in Mental Health in Guyana: Creating Postgraduate Training Programs in Psychiatry for General Physicians and Nurses
Sabina Nagpal, M.D.

NR2-16
Is Wikipedia Taking Over Textbooks in Medical Student Education?
Maryam Namdari, D.O.

NR2-17
The Effect of an Experience of Auditory Hallucinations on Medical Students' Perceptions of Mental Illness
Indrani Naskar, M.D.

NR2-18
The American Society for Clinical Psychopharmacology Resident and Fellow Committees' Depression Module: A Novel Psychopharmacology Curriculum
Deepak Prabhakar, M.D., M.P.H.

NR2-19
Responding to Resident Need for Trauma-Informed Training on Child Sexual Abuse
Leonie Prince, M.D.

NR2-20
The Student-Run Clinic: A New Opportunity for Psychiatric Education
Pernilla J. Schweitzer, B.A.

NR2-21
"Do I Really Have to Go to Lectures?" or Why Do We Need to Implement Innovative Methods in Clerkship Education
Keila M. Sierra-Cintron, M.D.

NR2-22
An Innovative Approach to Teaching Geriatric Psychiatry to Third-Year Medical Students.
Barbara Sparacino, M.D.

NR2-23
Suicide "Post-Vention": What Can We Do When a Resident Loses a Patient to Suicide?
Griffin Stout, M.D.

NR2-24
Organizing a Didactic for Residents on Psychiatry's Historical Evolution Utilizing a Scavenger Hunt Format (ORPHEUS)
Anthony Tobia, M.D.

NR2-25
The Effect of Combined FM Psych and MED Psych Programs on Categorical Psychiatric Resident Comfort and Proficiency in General Healthcare
Erik R. Vanderlip, M.D.

NR2-26
The Department of Psychiatry Morning (AM) Interactive Neurology Exercise (Dopamine)
Faiza Zubair, D.O.

PSYCHOSOCIAL AND/OR BIOMEDICAL RESEARCH

NR2-27
Coming to the Table: Research Ethics and Human Agency in Research With Involuntary Hospitalized Psychiatric Patients
Sami Ahad, M.D.

NR2-28
Early Intervention in Suicide Prevention Focusing on Protective Factors
Shabnam Balali, M.D.

NR2-29
The Role of Culture in Person-Centered Psychiatry
Venkataramana Bhat, M.D.

NR2-30
WITHDRAWN

NR2-31
Urban Medical Students' Attitudes Toward Psychiatry
Erika K. Concepcion, B.A.

NR2-32
"As Long As They're Not on the News, I Don't Worry!": Communication and the Modern American Deployment
Denise Fabian, M.D.

NR2-33
BMI and Hippocampal Neuronal Integrity: A Proton Magnetic Resonance Spectroscopic Study
Hassan M. Fathy, M.D.

NR2-34
Childhood Abuse and Psychiatric Disorders in Hispanic Patients Receiving Bariatric Surgery
Silvia Fernandez, M.D.

NR2-35
Psychiatric Manifestations of a 16p13.11 Microduplication in a Male With Profound Intellectual Disability
Benjamin C. Gersh, M.D., M.S.

NR2-36
WITHDRAWN

NR2-37
Genetic Risk and Obstetric Complications As Mechanisms of the Intergenerational Transmission of Mental Health Problems
Nastassia Hajal, M.S.

NR2-38
Leadership and Administration in Addiction Psychiatry: Utilizing the Evidence
Brian Hurley, M.D., M.B.A.

NR2-39
Synthetic Cannabis Induced Psychosis: A Case-Series
Donald Hurst, M.D.

NR2-40
Frontal Lobe Function As an Important Predictor of Activities of Daily Living (ADL) in At-Risk and Early Demented Elderly
Kim Jangnae, M.D.

NR2-41
A Comparison Study Between Visual Interpretation and Statistical Parametric Mapping (SPM) Analysis of SPECT Images in Traumatic Brain Injury Patients
Byun Jisang, M.D.

NR2-42
Diffusion Tensor Imaging in Unaffected Siblings of Individuals With Autism: Implications for an Intermediate Neuroendophenotype
Roger J. Jou, M.D., M.P.H.

NR2-43
Integrative Psychiatry: Using Acupuncture to Treat the Symptoms of Anxiety, Insomnia and Pain Caused by Reactive Arthritis
Brian Kleyensteuber, M.D.

NR2-44
Neurometabolite Changes Correlate With Clinical Response to Antipsychotic Treatment in Patients With Schizophrenia – a 1H-MRSpectroscopy Study
Nina V. Kraguljac, M.D.

NR2-45
Lack of Association Between Serotonin Transporter Gene Promoter Polymorphisms (5HTTLPR) and History of Abuse on Physiological Measures
Yingying S. Kumar, B.S.

NR2-46
Antioxidant Dysregulation in Depression
Kyle A.B. Lapidus, M.D., Ph.D.

NR2-47
Association Between the -1438A/G Serotonin 2A Receptor Polymorphism and Long-Term Antidepressant Treatment Outcome in Korean Patients With Depression
Jae-Byung Lee, M.D.

NR2-48
Association Between Bipolar Disorder and Glycogen Synthase Kinase-3ss Gene (-1727A/T and -50C/T) Polymorphisms
Youn Jung Lee, M.D.

NR2-49
Development of Korean Version of Brief Measure of Worry Severity (BMWS)
JaeHyoung Lim, M.D.

P.M. 1

P.M. 3

NR2-50
A Content Analysis of Newspaper Articles Describing Posttraumatic Stress Disorder in the United States and United Kingdom
Robert B. Lloyd, M.D., Ph.D.

NR2-51
Outcomes of VA Patients Receiving Long-Acting Injectable Naltrexone Versus Oral Naltrexone Maintenance Therapy
Todd Magro, M.D.

NR2-52
The Effect of Age and Severity of Sleep Apnea on Heart Rate Variability Index in Obstructive Sleep Apnea Syndrome (OSAS)
Song Man-Kyu, M.D.

NR2-53
WITHDRAWN

NR2-54
Measuring Depression in Multiple Sclerosis With the Patient Health Questionnaire 9 (PHQ-9): A Retrospective Analysis
Rahul "Ryan" S. Patel, D.O.

NR2-55
Empathy and Alexithymia in Borderline Personality Disorder: Clinical and Laboratory Measures
Maria de las Mercedes Perez Rodriguez, M.D., Ph.D.

NR2-56
Levetiracetam Induced Psychiatric Sequelae
Gayle Pletsch, M.D.

NR2-57
Brain-Imaging Findings Converge on Dysfunctional Self-Referential Processing in Schizophrenia
Tuukka T. Raij, M.D., Ph.D.

NR2-58
Relationship Between Severity of Most Recent Traumatic Brain Injury and Postconcussive Symptoms Moderated by Number of Previous Brain Injuries
Lindsay E. Reinhardt, B.S.

NR2-59
WITHDRAWN

NR2-60
Electronic Patient Record and Data Mining: A New Approach for Identifying Biological Causality
Henriette Schmock, M.D.

NR2-61
Reduced Brain Functional Connectivity in Middle-Aged,Apoe4 Gene Carriers, Children of Alzheimer's Patients (CAPS): A Resting State F-Mri Study
Suraj Singh, M.D., M.R.C.

NR2-62
Disparities in the Prevalence of Serious Psychological Distress by Region of Birth: Results From the 2000-2008 National Health Interview Survey
Tracy Snell, D.O., Ph.D.

NR2-63
Comparison of Clinical Judgment and Structured Tools for Assessing Acute Risk of Violence
Alan R. Teo, M.D.

NR2-64
Treatment Adherence in Patients of Schizophrenia on Second-Generation Antipsychotic Medications
Nisha Warikoo, M.B.B.S

NR2-65
Traumatic Brain Injury, Ptsd and Sleep Disturbance
Dennis A. White, M.D.

NR2-66
Preliminary Validation of Closed-Loop Neurostimulation in Rat Models of Psychiatric Illness
Alik Widge, M.D., Ph.D.

NR2-67
Differential Activation of Cortico-Striato-Thalamic Circuitry by Depression and Insecure Attachment
Zimri Yaseen, M.D.

NR2-68
Effect of Korean Red Ginseng on Sleep and Cognition: A Randomized, Placebo-Controlled Trial
Hye Bin Yeo, M.D.

NR2-69
Excessive Activation of the Loop Between the Nr2b Subunit of Nmda Receptors and Gsk-3ss in the Hippocampi of Patients With Major Depressive Disorder
Shin Youshup, M.D.

NR2-70
Diphenhydramine Dependence in a Middle Eastern Man With Schizophrenia: A Case Report of a Novel Detoxification Achieving Sustained Remission
Scott A. Simpson, M.D., M.P.H.

HTA / Tor Johnson

10:00 AM – 11:30 AM
POSTER SESSION 3
NEW RESEARCH
EXHIBIT HALL,
HAWAII CONVENTION CENTER

YOUNG INVESTIGATORS

NR3-01
Is the Sexual Dysfunction As a Result or a Reason in Substance Use Disorder in Male Patients?
Neslihan Akkisi Kumsar, M.D.

NR3-02
Influence of an Educational Encounter at a Rehabilitation Residence on Medical Students' Attitudes Toward Substance-Abusing Pregnant Women
Brittany B. Albright, B.S.

NR3-03
The Role of Cannabis Use in Schizophrenia, Santa Marta 2009
Cesar Higgins, M.D.

NR3-04
The Treatment of the Adolescents With Internet Addiction Problems Using the Therapeutic Photography
Bae Jaeho, M.D.

NR3-05
Vaccination for Substance Dependence: An Unconquered Frontier?
Saurabh Jauhari, M.B.B.S , M.S.

NR3-06
Alcohol Withdrawal Syndrome in General Medicine Wards: Higher Morbidity With Multiple Admissions
Zachary Hugo, M.D.

NR3-07
The Relationships Among the Severity of Alcohol Use, Anxiety & Depression in Patients With Alcohol Use Disorders
Jun-Yeob Lee, M.D.

NR3-08
Effects of 6-Succinylmorphine Conjugated Keyhole Limpet Hemocyanin Vaccine Induced Antibodies on Analgesic Response to Morphine in Rats
Angel Lopez, B.S.

NR3-09
WITHDRAWN

NR3-10
Internet Addiction, Body Image and Disordered Eating
Rachel F. Rodgers, Ph.D.

NR3-11
Predictive Ability of the Treatment Motivation Questionnaire (TMQ) in Substance Abuse Treatment
Roopa Sethi, M.D.

NR3-12
Gabapentin As an Adjunctive Treatment for Control of Alcohol and Substance Withdrawal Symptoms and Cravings
Yakir K. Vaks, M.D.

NR3-13
Clonidine Treatment of Nightmares Among Patients With Co- Morbid Ptsd and Traumatic Brain Injury
Adekola Alao, M.D.

NR3-14
Disordered Eating Amongst Patients With Obsessive-Compulsive Disorders and Other Anxiety Disorders
Himanshu Tyagi, M.D., M.B.B.S

NR3-15
Psychiatric Outpatients With Obsessive Compulsive Disorder: Does Gender Matter?
Khatija Vaid, M.D.

NR3-16
In Vivo 1h-Magnetic Resonance Spectroscopy Study of the Attentional Networks in Autism
Silvia Bernardi, M.D.

NR3-17
Does Methylphenidate Have a Significant Clinical Impact on Working Memory in Children With ADHD?
Kim Saliba, M.S.C.

NR3-18
Sleep in Adults With Attention-Deficit/ Hyperactivity Disorder (ADHD) of the Predominantly Inattentive and Combined Subtypes
Rosalia Yoon, B.S.C.

NR3-19
Characteristics of Neurocognitive Function by Psychiatric Symptom Profile in Patients With Mild Traumatic Brain Injury
Jong Bum Lee, M.D.

NR3-20
Relationship Between Mental Activity and Cognitive Function in the Elderly
Hyunchul Yuh, Psy.D.

NR3-21
Experience and Outcome in Organizing a Day Hospital for Eating Disorder Patients.
Juan Jose De Frutos Guijarro, M.D.

NR3-22
Adult-Onset Pica Leading to Acute Intestinal Obstruction
Thulasiram Janardhanan, M.D.

NR3-23
Case Report of Late-Onset Male Anorexia Nervosa With Initial Presentation of a Cardiac Arrest
Catherine Logan, M.S.

NR3-24
Prevalence of Altered Eating Behaviors and Eating Disorders in Elite Professional Female Ballet Dancers in Brazil During Season and Off-Season Periods
Antonio Nascimento, M.D.

NR3-25
Patient With Intellectual Disability Would Not Move, Talk or Eat and SSRI Therapy Is Contraindicated. What to Do?: Case Report and Recommendations
Sarah Lytle, M.D.

NR3-26
Clinical Characteristics of Suicide Attempters Among Bipolar Disorder Patients: Results From the Brazilian Research Consortium for Bipolar Disorders
Lena Abreu, M.D.

NR3-27
Morgellons Disease
Smitha Battula, M.B.B.S , M.D.

NR3-28
Risk of Depression in Diabetes Is Highest for Young Persons Using Oral Antidiabetics
Line Iden Berge, M.D.

NR3-29
Association Between the Bdnf Val66met Polymorphism and the Course of Depression
Yujin Lee, M.D.

NR3-30
Possible Association of GSK3ss Gene With Clinical Phenotype, But Not Major Depressive Disorder
Sha Liu, M.S.C.

NR3-31
The GRIA3 Gene Polymorphisms Is Associated With Guilty Feeling in Depressive Patients
Woojae Myung, M.D.

NR3-32
Seasonality of Mood in the Greater Order Amish
Gagan Nijjar, M.D.

NR3-33
Measuring Depression in Multiple Sclerosis With the Patient Health Questionnaire 9 (PHQ-9): A Retrospective Analysis
Rahul "Ryan" S. Patel, D.O.

NR3-34
Efficacy of Hormonal Replacement Therapy (HRT) As an Adjunct to Antidepressant in Treatment of Depression in Premenopausal Women
Aleksandra Rajewska-Rager, M.D.

NR3-35
The Proposed Use of Light Therapy As an Adjunct With SSRIs in the Treatment of Depression and Tumor Growth Retardation in Cancer Patients
Anita Rajkumar, B.S.

NR3-36
An Examination of the Impact of Weight Loss on Declarative Memory and Executive Functioning in Bipolar and Major Depressive Disorders
Maria R. Restivo, B.S.

NR3-37
Improvement Within 2 Weeks and Later Treatment Outcomes in Patients With Depressive Disorders: the Crescend Study
Joon-an Yoo, M.D.

NR3-38
The Relation of Impaired Mind Reading and Antisocial Personality Disorder
Mehmet Alper Cinar, M.D.

NR3-39
Dimensions of Severity: Core Domains of Personality Pathology and the Maladaptive Functioning Associated With Emotional Abuse in Childhood
Winter Halmi, M.A.

NR3-40
A Clinical Comparison Between Male and Female Psychiatric Outpatients With Antisocial Personality Disorder
Erin Humphrey, D.O.

NR3-41
Attachment, Cognition, and Borderline Personality Disorder
Chuan-Mei Lee, M.A.

NR3-42
Advanced Paternal Age and Schizophrenia
Ghulam M. Bajwa, M.D.

NR3-43
Clinical Outcome of Copy Number Variation in the Dopamine Transporter Gene in 2 Patients With Schizophrenia: A Case-Report
Linh Duong, M.D.

NR3-44
Association Analysis of Neuregulin 1 Gene Polymorphisms With Schizophrenia in Polish Population.
Dorota Frydecka, M.D.

NR3-45
Digit Symbol Coding Task With Respect to Immune Activation in Schizophrenia.
Dorota Frydecka, M.D.

NR3-46
Association of T-Cell Regulatory Gene Polymorphisms With Schizophrenia.
Aleksander Beszlej, Ph.D.

NR3-47
The Effect of Unusual Voices on Virtual Activities of Daily Living in Schizophrenic Patients With Auditory Hallucinations
Kiwan Han, Ph.D.

NR3-48
WITHDRAWN

NR3-49
Increased Gliadin Antibody Titers in Patients With Schizophrenia
Olaoluwa Okusaga, M.D.

NR3-50
Variables Associated With 3-Month Incidence of Readmission: Patients With Schizophrenia Versus Schizoaffective Disorder
Atul Padole, M.B.B.S

NR3-51
Delusional Disorder, Somatic Type Treated With Electroconvulsive Therapy and an Antipsychotic With 5-HT1A Agonist Properties
Akihito Uezato, M.D., Ph.D.

NR3-52
Characteristics and Predictors of Long-Term Institutionalization in Patients With Schizophrenia
Peter Uggerby, M.D.

NR3-53
Clinical Characteristics of Suicidality in Patients With Psychotic Spectrum Disorders
Zerlina Wong, B.A.

NR3-54
Characteristics on Baseline PSG and Initial CPAP Titration As Predictors of Change in Optimal Pressure on CPAP Re-Titration in OSA Patients
Vivek Anand, M.D.

NR3-55
Empathic Accuracy and Social Cognition in Personality Disorders
Luis H. Ripoll, M.D

NR3-56
Long-Term Follow-Up of Hypochondriasis After SSRI Treatment
Pernilla J. Schweitzer, B.A.

NR3-57
The National CARE (Caring Action in Response to Emergencies) Management System in Singapore
Cheng Lee, M.B.B.S

NR3-58
The Effects of Stress Coping Strategies on Psychopathology of Taliban-Held Korean Hostages
Youngjoon Lee, M.A.

NR3-59
The Long-Term Impact of Childhood Physical Abuse on Romantic Relationships: the Mediating Role of Anger Expression
Eleni Maneta, M.D.

NR3-60
MISSION Diversion & Recovery for Traumatized Veterans: Early Findings and Lessons Learned
Paul P. Christopher, M.D.

NR3-61
Legal Statutes for Involuntary Substance Abuse Treatment in the United States
Paul P. Christopher, M.D.

NR3-62
The Relationship Between Physical Conditions and Suicidal Behavior Among Those With Mood Disorders
Jayda M. MacLean, M.D.

P.M. 1

P.M. 3

1:00 PM – 3:00 PM
POSTER SESSION 4
NEW RESEARCH

EXHIBIT HALL,
HAWAII CONVENTION CENTER

MOOD DISORDERS

NR4-01
Predominant Polarity in Patients With Bipolar Disorder Attending by the Group of Mood Disorders in the Fundacion San Vicente, Medellin, Colombia
Angela Agudelo, M.D.

NR4-02
A Randomised, Double-Blind, Placebo Controlled, Duloxetine-Referenced, Fixed-Dose Study of Three Dosages of Lu Aa21004 in Acute Treatment of Mdd
David S. Baldwin, M.B.B.S , D.M.

NR4-03
Schizoaffective Disorders, Metabolic Syndrome and Cardiovascular Risk: Prevalence and 12-Month Evolution in Schizoaffective Patients in Spain.
Antonio Benabarre, Ph.D.

NR4-04
The Effect of Temperament and Character Features on Antidepressant Treatment Response
Ali Bozkurt, M.D.

NR4-05
Risk Estimate for Discontinuation Due to Adverse Events With Ziprasidone Vs. Placebo in Schizophrenia, Mania or Bipolar Depression
Joseph R. Calabrese, M.D.

NR4-06
Psychosocial Determinants of Mood and Anxiety Disorders Up to Eight Months Postpartum
Diana Carter, M.D.

NR4-07
Steady-State Levels of the Antidepressant Lu Aa21004 in Plasma, Brain and Csf, and 5-Ht Target Engagement in the Rat
Gamini Chandrasena, Ph.D.

NR4-08
What Happens Next? Pharmacological Treatment Patterns in Patients With Major Depressive Disorder Who Initiate Selective Serotonin Reuptake Inhibitors
Susan Ball, Ph.D

NR4-09
Use of an Antidepressant, an Atypical Antipsychotic, and Psychotherapy and/or Mental Health Counseling in Major Depressive Disorder in the USA
Lawrence J. Cohen, Pharm.D.

NR4-10
Defining (Cure From) Depression: Do General Practitioners and Psychiatrists Sing From the Same Hymn Sheet?, the Describe Survey
Eric E. Constant, M.D., Ph.D.

NR4-11
A Naturalistic, Pragmatic Clinical Trial of the Use of Tms in the Treatment of Major Depression
Mark Demitrack, M.D.

NR4-12
In Vivo Characterization of Levomilnacipran, a Balanced Serotonin Norepinephrine Reuptake Inhibitor
Ronan Y. Depoortere, Ph.D.

NR4-13
Testosterone-Related Sex Differences in Cortical Thickness in the Developing Brain
Tuong-Vi Nguyen, M.D

NR4-14
A Double-Blind, Randomised, Placebo-Controlled, Relapse-Prevention Study With LU AA21004 in Patients With Major Depressive Disorder
Marianne Dragheim, M.D.

NR4-15
Partially and Non-Responding Depressed Patients to Citalopram Reached Remission More Often With Add-On TC-5214, a Neuronal Nicotinic Channel Modulator
Geoffrey C. Dunbar, M.D.

NR4-16
Pooled Analysis of Efficacy of Once-Daily Extended Release Quetiapine Fumarate to Determine the Effect As Adjunct to Ssri or Snri in Mdd Patients
Hans Eriksson, M.D., Ph.D.

NR4-17
Meta-Analyses of Asenapine Efficacy Vs Placebo in Bipolar I Disorder As Monotherapy and Adjunct Therapy Compared With Other Atypical Antipsychotics
Hein Fennema, Ph.D.

NR4-18
Prevalence and Pattern of Axis I Comorbidity in Major Depressive Disorder and Bipolar Disorders in a Tertiary Clinical Sample
Keming Gao, M.D., Ph.D.

NR4-19
A Randomized Placebo-Controlled Trial of Duloxetine in Patients With Major Depressive Disorder and Associated Painful Physical Symptoms
Paula J. Gaynor, Ph.D.

NR4-20
Demographics and Open-Label Escitalopram Therapy in Adults With Major Depressive Disorder: Prior to Adjunctive Lisdexamfetamine Dimesylate or Placebo
Brooke Geibel, B.A.

NR4-21
Screening for Bipolar Disorder and Use of Antidepressant Drugs in Bipolar Depression in Italy
Maria Carolina Hardoy, M.D., Ph.D.

NR4-22
Efficacy and Tolerability of Multiple Doses of Lu Aa21004 in an 8-Week Treatment of Adults With Major Depressive Disorder
Neven Henigsberg, M.D., D.Sc.

NR4-23
Correlation Between Functionality and Subjective Perception of Improvement Unipolar Depressed Patients in Remission
Luis G. Herbst, M.D.

NR4-24
Vanadium, Chromium and Manganese Levels in Cerebrospinal Fluid From Patients With Depressive Disorders, As Compared to Matched Controls
Oivind Hundal, Pharm.D., Ph.D.

NR4-25
A Potential Antidepressive Effect of the Oral Hypoglycaemic Sulphonylureas
Oivind Hundal, Pharm.D., Ph.D.

NR4-26
The Characteristics of Bipolar Outpatients in Remission Showing False-Negatives on the Mood Disorder Questionnaire
Sohn Inki, M.D., Ph.D.

NR4-27
Effectiveness of Aripiprazole in Bipolar Disorder Patients Taking Complex Pharmacotherapy
Pichai Ittasakul, M.D.

NR4-28
Work Productivity Among Full-Time Employees by Severity of Depression As Measured by the WPAI & HPQ
Gagan Jain, Ph.D., M.B.A.

NR4-29
Efficacy and Tolerability of LU AA21004 5 Mg in a 6-Week Treatment of Adults With Major Depressive Disorder
Rakesh Jain, M.D., M.P.H.

NR4-30
Genetic and Clinical Correlates of Suicidal Behavior in Bipolar Patients According to First Episode Polarity
Antonio Benabarre, Ph.D.

NR4-31
Correlations Between Plasma C-Reactive Protein Level and Symptoms of Mania
Choi Jinhyuk, M.D.

NR4-32
Evaluating the Impact of Vilazodone on Sleep in Patients With Major Depressive Disorder
Daniel K. Kajdasz, Ph.D.

NR4-33
Verbal Working Memory and Functional Outcome in Depressive Patients Receiving Paroxetine: A Prospective Study
Yasuhiro Kaneda, M.D., Ph.D.

NR4-34
Ziprasidone Adjunctive to Lithium or Valproate for Bipolar Relapse Prevention: Dose Analyses, Relapse Characterization and Trial Design
Onur N. Karayal, M.D., M.P.H.

NR4-35
Compulsive Buying in Bipolar Disorders
Sermin Kesebir, M.D.

NR4-36
Differences Between Unipolar and Bipolar Seasonal Affective Disorder: Dexamethazon Supression Test
Sermin Kesebir, M.D.

NR4-37
The Effects of Psychiatric Treatment on Quality of Life in Korean Patients With Depressive Disorders
Hee-Cheol Kim, M.D., Ph.D.

NR4-38
Factors Influencing Anxiety, and Depression in Breast Cancer Patients Treated With Surgery
Seong Hwan Kim, M.D., Ph.D.

NR4-39
Cognitive Functioning in Euthymic Bipolar I Patients: Impact of Atypical Antipsychotics
Jan-Marie Kozicky, B.S.

NR4-40
Examination of the Association Between Self-Perceived Cognitive Difficulties and Level of Depression Among Employed Patients With Current Depression
Carol Lawrence, Pharm.D.

NR4-41
The Association of Glucocorticoid Receptor Polymorphism With Antidepressants Treatment Response in Patients With Mdd
Min-Soo Lee, M.D., Ph.D.

NR4-42
A Randomized, Double-Blind, Placebo-Controlled Study of Desvenlafaxine 10 and 50 Mg/D Efficacy and Safety in Depressed Outpatients
Michael Liebowitz, M.D.

NR4-43
Impact of Deficit in Social Cognition in Bipolar Patients With Low Functionality. Case Report
Luis Herbst, M.D.

NR4-44
Effects of Genetic Variance in P2RX7 on Outcome of Mood Disorders Are Mediated by Neuroticism, Anxiety and Alcoholism
Outi Mantere, M.D., Ph.D.

NR4-45
A Descriptive Analysis of a Cohort of 121 Bipolar Patients Treated at an Academic Medical Center
Ronald A. McGinnis, M.D.

NR4-46
Baseline Metabolic Status Is a Moderator of Outcome in Bipolar Disorder Patients: Analysis of Pooled Data From Ziprasidone Monotherapy Clinical Trials
Roger S. Mcintyre, M.D.

NR4-47
Electroconvulsive Therapy and Repetitive Transcranial Magnetic Stimulation and Serum Brain-Derived Neurotrophic Factor Levels in Depressed Patients
Roumen V. Milev, M.D., Ph.D.

NR4-48
Safety, Efficacy and Tolerability of Quetiapine XR in Postpartum Women Diagnosed With Bipolar Disorder II
Shaila Misri, M.D.

NR4-49
Pharmacological in Vitro Profile of LU AA21004, a Novel Multimodal Drug for the Treatment of Mood Disorders
Arne Mørk, Ph.D., D.Sc.

NR4-50
An Examination of Mechanisms of Weight Gain in Patients With Depression
Mina Nashed, B.S.

NR4-51
Achieving and Sustaining Remission in Bipolar I Disorder With Adjunctive Ziprasidone
Cedric O'Gorman, M.D.

NR4-52
Patterns of Use and Costs Associated With the Use of Non-Pharmacological Interventions in Patients With Major Depressive Disorders
Natalia Olchanski, M.S.

NR4-53
Patterns of Adverse Events and Discontinuation During Bipolar Maintenance Treatment With Ziprasidone and a Mood Stabilizer
Elizabeth Pappadopulos, Ph.D.

NR4-54
Serum Folate As a Risk Factor for Depression in Diabetic Patients
Ian Peters, M.P.H.

NR4-55
Evaluating the Efficacy and Tolerability of Vilazodone in Patients With Anxious Depression
Carol R. Reed, M.D.

NR4-56
Selegiline Transdermal System (STS) for Anxious Depression: A Post Hoc Analysis of 3 Randomized, Placebo-Controlled, Double-Blind Studies
Donald S. Robinson, M.D.

NR4-57
Rate of Use of an Antidepressant, an Atypical Antipsychotic, or the Combination Among Patients Diagnosed With Major Depressive Disorder in the USA
Linda M. Robison, M.S.

NR4-58
Anxiety Residual Symptoms in Full Remitted Depressive Patients (Resist Study)
Miquel A. Roca, M.D., Ph.D.

NR4-59
Effects of Subchronic Treatment With the Multimodal Antidepressant Lu AA21004 on Rat Brain Neurochemistry
Connie Sanchez, Ph.D.

NR4-60
Very Early Change in Depresive Symptoms During Augmentation Treatment With Quetiapine XR: Evidence From a Mental Health Telemetry Study
Ayal Schaffer, M.D.

NR4-61
The Real-World Health Care Utilization and Costs in Newly Diagnosed Depression Patients Between 2006 and 2008
Gary Schneider, Sc.D.

NR4-62
Prescribing Pattern and Predictors of Use of an Atypical Antipsychotic Among Patients Diagnosed With Major Depressive Disorder in the United States
David A. Sclar, Ph.D., Pharm.D.

NR4-63
Prevalence of Metabolic Syndrome in Subjects With Melancholic and Non-Melancholic Depressive Symptoms: A Finnish Population-Based D2D-Cohort Study
Jussi KM. Seppala, M.D.

NR4-64
Erralpha Mrna Expression Levels in Peripheral Blood Cells May Be a Predictor of Pharmacotherapy Response in the Patients With Major Depression
Masatomo Suetsugi, M.D., Ph.D.

NR4-65
Efficacy and Safety of Adjunctive Opc-34712 in Major Depressive Disorder: A Phase II, Randomized, Placebo-Controlled Study
Michael E. Thase, M.D.

NR4-66
Efficacy and Safety of Desvenlafaxine 25 and 50 Mg/D in a Randomized, Placebo-Controlled Study of Depressed Outpatients
Karen A. Tourian, M.D.

NR4-67
Efficacy and Safety of Lisdexamfetamine Dimesylate As Augmentation Therapy in Adults With Major Depressive Disorder Treated With an Antidepressant
Madhukar H. Trivedi, M.D.

NR4-68
An Investigation of the Effectiveness and Cognitive Side Effects of Bifrontal Ect
Howard Weeks, M.D.

NR4-69
Sustained Remission, Numbers Needed to Treat, and Complete Remission in a Placebo-Controlled Levomilnacipran Study in Major Depressive Disorder
Peter Werner, Ph.D.

NR4-70
Predicting Depression and Insecure Attachment Using Functional Magnetic Resonance Imaging
Zimri Yaseen, M.D.

NR4-71
Economic Distress and Suicide: Will the U.S. Follow the Trend in Japan?
William Yates, M.D.

NR4-72
Early Improvement Predicts Later Outcome in Manic or Mixed Episodes Associated With Bipolar I Disorder: Post Hoc Analyses of Asenapine Studies
Jun Zhao, Ph.D.

HTA / Tor Johnson

7:00 AM – 8:30 AM
POSTER SESSION 5
NEW RESEARCH
EXHIBIT HALL,
HAWAII CONVENTION CENTER

YOUNG INVESTIGATORS

NR5-01
Complete and Sustained Response to Citalopram and Escitalopram in Patients With Depression and Anxiety: A Candidate Gene Analysis
Laura Gedge, M.S.C.

NR5-02
Electronic Patient Record and Data Mining: A New Approach for Identifying Biological Causality
Henriette Schmock, M.D.

NR5-03
Quantitative Mapping of Deleted Mitochondrial Dna in Mice Expressing Mutant Polg1
Brian Wong, B.A.

NR5-04
The Visual N2-P3 Complex in Schizophrenia: A Comparison in Clinically-Unaffected First Degree Relatives, First Episode and Chronic Patients
Sherlyn Yeap, M.B., Ph.D.

NR5-05
Functional Connectivity of Delirium State: A Resting State Fmri Study
Soo-Hee Choi, M.D.

NR5-06
Functional Neuroanatomy of Weak Central Coherence in Autism
Milind Gadgil, M.D.

NR5-07
The Relationship Between Regional Gray Matter Volume and Psychopathological Symptoms in Schizophrenia Patients: A Voxel-Based Morphometry Study
Chen-Chia Lan, M.D.

NR5-08
Treatment of Depressed Parents and Child Psychopathology: Data From Two Studies
Lisa A. Batten, M.A.

NR5-09
Clinical Trials in Child and Adolescent Psychiatry: Current Trends and Future Projections
Aarti A-G. Gupta, M.B.B.S

NR5-10
Inhaled Steroid Induced Mania in an Adolescent Female: A Case Report
Fasiha Haq, M.D.

NR5-11
An Online, E-Learning Spirituality-Based Treatment Program for Depression in Adolescents: Qualitative Exploration of Participants' Experience
Claire Hart, M.D.

NR5-12
Effects of Intelligence and Specific Factor of Executive Functions to Auditory Verbal Memory Ability in Children With Adhd
Jin Sung Kim, M.D.

NR5-13
Childhood and Adolescent Antecedents of Personality Disorders
Laura Mata-Iturralde, M.D.

NR5-14
Rapunzel Syndrome (Giant Trichobezoar) in an Adolescent Male With Eating Disorder and Trichophagia
Sabina Mushtaq, M.D.

NR5-15
Adolescent Conversion Disorder With Hysterical Quadriplegia Following Head Trauma
Sabina Mushtaq, M.D.

NR5-16
Psychiatric Interventions in Managing Pediatric Obesity: A Review of the Literature
Crystal Thomas, M.D.

NR5-17
Information Sources Used by Parents of Child Psychiatric Patients
Adrienne E. Turner, M.D.

NR5-18
D-Cycloserine for Exposure Therapy Enhancement: A Systematic Review
Deepmala Deepmala, M.B.B.S

NR5-19
WITHDRAWN

NR5-20
Diagnostic Stability of Acute and Transient Psychotic Disorder Over 1 – 2 Years: Data From South India
Srinath Gopinath, D.P.M.

NR5-21
Competence and Poor Insight: A Systematic Review
Andrea A.M. Ruissen, M.D.

NR5-22
Traumatic Brain Injury and Post-Traumatic Stress Disorder: A Diagnostic Dilemma of Co-Morbidities
Daniel J. Uderitz, M.D.

NR5-23
Psychoses in the General Population: A Case for the Relevance of Subclinical Psychoses
Leslie Marino, M.P.H.

NR5-24
Characterization of Clinical Traits of Neurexin1-Gene Deletion in 2 Unrelated Families With Psychiatric Illness: A Family Case-Report.
Linh Duong, M.D.

NR5-25
Interaction Between Genetic Variants of Sapap3 Gene and Slc1a1 on Increased Risk of Atypical Antipsychotics-Induced Obsessive-Compulsive Symptoms
Jae Hyun Yoo, M.D.

NR5-26
Serotonergic and Bdnf Genes for Depression Within 2 Weeks of Stroke
Kang Heeju, M.D.

NR5-27
Poststroke Depression and Care Burden of Caregiver
Kang Heeju, M.D.

NR5-28
Predictors of Length of Stay in an Acute Psychiatric Facility
Ganesh Gopalakrishna, M.D.

NR5-29
Service Evaluation of the Current Care Received Within Payment by Results Care Clusters in a London Mental Health Nhs Trust
Pratima Singh, M.D., M.B.B.S

NR5-30
Stellate Ganglion Block for Treatment of PTSD
Donald Kosatka, M.D.

NR5-31
Distribution of Loudness Dependence of Auditory Evoked Potential (LDAEP) and Its Clinical Correlates in Korean Patients With Major Depressive Disorder
Seung-yup Lee, M.D.

A.M. 7
A.M. 8

NR5-32
Pathological Crying: A Comprehensive Review
Rohini Ravindran, M.D.

NR5-332
Video-Recording Brain Injured Patients to Determine Decision Making Capacity
Rohini Ravindran, M.D.

NR5-34
The Relationship Between Physician Beliefs and Clinical Response: Re-Analysis of Data From the Hypericum Depression Trial Study Group
Justin Chen, M.D.

NR5-35
Atypical Antipsyhcotics for the Treatment of Cotard's Delusions
Fernando Espi Forcen, M.D.

NR5-36
Do Veterans With PTSD Receive First Line Pharmacotherapy for PTSD? Results From the Longitudinal Veterans Health Survey
Shaili Jain, M.D.

NR5-37
Therapeutic Drug Monitoring of Antidementia Drugs
Ralf Koeber, Pharm.D.

NR5-38
Drug Interaction Result in Relapse of Psychiatric Symptom: Interaction Between Risperidone and Terbenafine, a Case Report
Dharmendra Kumar, M.D.

NR5-39
Rechallenge With Clozapine After Neutropenia; a Case Presentation Demonstrating the Role of Genetic Testing.
Curtis A. McKnight, M.D.

NR5-40
Efficacy of Injectable Forms of Haloperidol Vs Ziprasidone Vs Olanzapine in Treatment of Acutely Agitated Patients
Carolina Mercader, D.O.

NR5-41
Interaction Between Warfarin and Divalproex: A Case Report
Mark Oldham, M.D.

NR5-42
Uncommon Antidepressant Discontinuation Syndromes Following Taper of Escitalopram and Abrupt Termination of Buproprion
Camille Paglia, M.D., J.D.

NR5-43
Risk Factors of Drug Interaction Between Warfarin and Antidepressant in a Clinical Setting
Kikyoung Yi, M.D.

NR5-44
Use of Paliperidone in a Patient With Cytochrome P450 Deficiency.
Shilpa Sachdeva, M.D.

NR5-45
A Case of Delayed Hyponatremia With Sertraline Therapy
Shilpa Sachdeva, M.D.

NR5-46
Changes in Depression and Anxiety Symptoms in Patients Undergoing Multidsciplinary Pain Treatment
Shiny Abraham, M.D.

NR5-47
Conversion Disorder in an Active Military Soldier: A Case Report
Adekola Alao, M.D.

NR5-48
Neuropsychiatric Manifestations of Whipple's Disease: Case Report and Literature Review
Namita Dhiman, M.D.

NR5-49
A Case of Psychosis in a Patient With Right Frontoparietal Stroke: Diagnostic Challenges and Treatment
Gabrielli Gorospe, M.D., M.S.

NR5-50
Relationship Between Severity of Delirium and Mortality in Patients With Cancer
Ji-Eun Jang, M.D.

NR5-51
A Study of Fatigue and Quality of Life in Early Stage Thyroid Cancer Survivor
Sang Hyun Koh, M.D., M.S.

NR5-52
Documentation of Evaluation of Patient Capacity by Non-Psychiatric and Psychiatric Physicians
Timothy Kreider, Ph.D.

NR5-53
The Broken Heart Syndrome
Jihad Nader, M.D.

NR5-54
The Relationship Between Diabetes Mellitus and Bipolar Disorder in the Norwegian Population. a Pharmacoepidemiological Study.
Gjertrud Svendal

NR5-55
A Case of Gorham's Disease With Psychosis
Gretchen E. Thiemecke, D.O.

NR5-56
Sleep Architecture and Fibromyalgia
Amit Vashist, M.D.

NR5-57
Synchronicity: Meaningful Coincidence Detection Among Individuals Affiliated With a Medical School
George Costin, M.D.

NR5-58
Clinical Skills Verification: Initial Perceptions and Perspectives of Psychiatry Residents
Jayakrishna Madabushi, M.D.

NR5-59
Changing Patterns of Persecutors in Delusion of Schizophrenia During About 30 Years (1980-2009)
Yong-Chon Park, M.D., Ph.D.

NR5-60
Effects of a Psychiatric Label on Medical Residents' Attitudes
Eric Bui, M.D., Ph.D.

NR5-61
Risk Factors for the Number of ECT Treatments
Katherine A. Beresford, M.D.

NR5-62
Randomized Controlled Trial of Compliance Therapy in Chinese Outpatients With Schizophrenia in Hong Kong
Sze Lai Shirley Wong, M.Psy.

10:00 AM – 11:30 AM
POSTER SESSION 6
NEW RESEARCH
EXHIBIT HALL,
HAWAII CONVENTION CENTER

SCHIZOPHRENIA & OTHER PSYCHOTIC DISORDERS

NR6-01
Assessment of the Treatment Patterns and Healthcare Costs in Patients With Schizophrenia Treated With Atypical Antipsychotics Using Medicaid Databases
Neetu Agashivala, M.S.

NR6-02
Study Quality and Placebo Response in Randomized Controlled Trials in Schizophrenia Conducted 1966-2009
Ofer Agid, M.D.

A.M. 10

A.M. 11

NR6-03
Paliperidone Palmitate Versus Risperidone Long-Acting Therapy in Patients With Schizophrenia Recently Treated With Oral Antipsychotics
Larry D. Alphs, M.D., Ph.D.

NR6-04
Differences Between Schizophrenia Patients Who Switch Versus Discontinue Antipsychotic Therapy
Haya Ascher-Svanum, Ph.D.

NR6-05
Expected Outcomes and Costs of Atypical Antipsychotics in Patients With Schizophrenia: Results of a Simulation Model
Jose Alvir, Ph..D.

NR6-06
A 2-Year, Randomized, Open-Label Study of Olanzapine Long-Acting Injection Versus Oral Olanzapine in Schizophrenia Outpatients
Elizabeth Brunner, M.D.

NR6-07
Incidence, Onset, and Duration of Treatment-Emergent Somnolence With Asenapine in Adult Patients With Schizophrenia or Bipolar Disorder
Pilar Cazorla, Ph.D.

NR6-08
First-Episode Psychosis and the Caregivers' Quality of Life: the Negative Symptoms Patients Caregivers' Show Worse QoL
Ana Chaves, Ph.D.

NR6-09
Long-Term Safety and Tolerability of Lurasidone in Schizophrenia or Schizoaffective Disorder: a 12-Month, Double-Blind, Active-Controlled Study
Leslie Citrome, M.D., M.P.H.

NR6-10
Use of Lipid-Lowering Medications in Patients With Schizophrenia: Data From Olanzapine- Long-Acting Injection Clinical Trials
Holland C. Detke, Ph.D.

NR6-11
The Impact of Medication Side Effects on Adherence Among Patients With Schizophrenia: Results of a Cross-Sectional Nationwide Survey
Marco DiBonaventura, Ph.D.

NR6-12
Comparison of Physician-Reported and Claims-Based Measures of Patient Adherence to Oral Antipsychotics in Schizophrenia and Bipolar Disorder
Riad Dirani, Ph.D.

NR6-13
Predictors of Quality of Life in Schizophrenia: Relations With Neurocognition, Clinical Symptoms, and Premorbid Adjustment.
Edorta Elizagarate, M.D.

NR6-14
Trends and Predictors of Antipsychotic Adherence in Medicaid Patients With Schizophrenia: the Role of Comorbidity
Joel F. Farley, Ph.D., B.Ph.

NR6-15
Healthcare Costs for Medicare Beneficiaries Diagnosed With Schizophrenia Compared With the General Medicare Population
Rachel Feldman, M.P.A.

NR6-16
A Pharmacokinetic Study of Once-Monthly Aripiprazole Extended-Release Injectable Suspension (ERIS) in Adult Patients With Schizophrenia
Wolfgang Fleischhacker, M.D.

NR6-17
Examination of Switching From Mania to Depression in Schizoaffective Disorder
Dong-Jing Fu, M.D., Ph.D.

NR6-18
A Controled Study With a New Technique for Cognitive Rehabilitation in Schizophrenia Using Fiction Films
Ines Garcia del Castillo

NR6-19
Psychoses and Meditation
Irene Gonzalez Bocelo, M.D.

NR6-20
Cognitive Performance in Patients With Acute Schizophrenia Treated With Lurasidone: A Double-Blind, Placebo-Controlled Trial
Philip D. Harvey, Ph.D.

NR6-21
Influence of Neurocognitive Ability and Symptom Control on Functional Outcome in Patients With Schizophrenia Spectrum Disorder
Lars Helldin, M.D., Ph.D.

NR6-22
A Prospective, 1-Year, Open-Label, Flexible Dose Study of Lurasidone in the Treatment of Schizophrenia: Safety, Tolerability, and Effectiveness
Ogo Hiroki, M.S.

NR6-23
Clinical Implications of Medication Satisfaction to Antipsychotics in Patients With Schizophrenia
Sae-Heon Jang, M.D.

NR6-24
Caregivers' Negative Experiences Are Associated With Negative Patient's Symptoms in Brazil
Rita Jorge, M.D.

NR6-25
WITHDRAWN

NR6-26
The Prevalence of Metabolic Syndrome in Korean Patients With Schizophrenia and Association With Weight Gain Risk of Antipsychotic Medication
Shi Hyun K. Kang, M.D., Ph.D.

NR6-27
Moved to NR8-17

NR6-28
Case-Control Study of the Relationship of Functioning to Suicide in a Community-Based Sample of Individuals With Schizophrenia in China
John Kasckow, M.D., Ph.D.

NR6-29
Metabolic and Body Mass Parameters Observed With JNJ-37822681, a Novel Fast-Dissociating D2 Receptor Antagonist, Versus Olanzapine
Justine M. Kent, M.D.

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NR6-30
Long-Term Tolerability of Once-Monthly Injectable Paliperidone Palmitate in Subjects With Recently Diagnosed Schizophrenia
Jennifer Kern Sliwa, Pharm.D.

NR6-31
Metabolic Syndrome in Schizophrenia Patients and Its Association With Sociodemographic and Clinical Variables: A One-Year Prospective Follow-Up Study
Nam Hee Kim, M.D.

NR6-32
Peroxisome Proliferator Activated Receptor-Gamma Gene Is Associated With the Risk of Diabetes in Schizophrenia Patients Exposed to Antipsychotics
Tsuo-Hung Lan, M.D., Ph.D.

NR6-33
Weight Change and Metabolic Effects of Asenapine in Placebo- or Olanzapine-Controlled Studies
Ronald Landbloom, M.D.

NR6-34
A Randomized, Open-Label Study Comparing Efficacy and Tolerability of Amisulpride at a Starting Dose of 400mg/Day Versus 800mg/Day in Acute Schizophrenia
Jonghun Lee, M.D., Ph.D.

NR6-35
Neural Correlates of Unreal Object Perception in Schizophrenia
Jung Suk Lee, M.D.

NR6-36
The L-Theanine Augmentation of Antipsychotic Therapy in Schizophrenia Patients Associated With Serum Levels of BDNF and Cortisol/DHEAS Molar Ratio
Vladimir Lerner, M.D., Ph.D.

NR6-37
Treatment Response Trajectories and Antipsychotic Medication in the Treatment of Chronic Schizophrenia
Stephen Levine, Ph.D.

NR6-38
Lurasidone in the Treatment of Acute Schizophrenia: Results of the Double-Blind, Placebo-Controlled, 6-Week, Pearl 3 Trial
Antony Loebel, M.D.

NR6-39
Benefit-Risk Assessment of Maintenance Therapy in Schizophrenia Comparing Long-Acting Injectable (LAI) Paliperidone Palmitate With Paliperidone ER
Michael A. Markowitz, M.D., M.B.A.

NR6-40
Dysfunction of Self Reflection in Schizophrenia: Functional MRI Study
Tetsuya TM. Matsuda, Ph.D.

NR6-41
Flat Affect in Schizophrenia: Association With Cognitive Dysfunction in Routine Clinical Practice
Javad Moamai, M.D., M.S.C.

NR6-42
Clinical and Functional Outcomes in the 1-Year Naturalistic Treatment of Schizo-phrenia Patients With Olanzapine in Japan
Jennifer A. Flynn, MSPH

NR6-43
New Standardized Clinico-Functional Criteria of Therapeutic Remission in Schizophrenia: Description and Validation
Sergey N. Mosolov, M.D., Ph.D.

NR6-44
Population Study of Validity of International Remission Criteria and Rational for New Standardized Clinico-Functional Criteria in Schizophrenia
Sergey N. Mosolov, M.D., Ph.D.

NR6-45
Impact of Lurasidone and Olanzapine on Framingham Ten-Year Coronary Heart Disease Risk Estimate in Schizophrenia
John W. Newcomer, M.D.

NR6-46
DTNBP1, HSPS and TAAR6 Variations Influence Schizophrenic Phenotype and Treatment Response
Chi-Un Pae, M.D., Ph.D.

NR6-47
Association Between Adherence and Persistence With Antipsychotics and Outcomes Among Medicaid Patients With Schizophrenia
Jessica M. Panish, M.H.S.C.

NR6-48
The Utility of MMPI-2 for Assessment in Patients With Schizophrenia and Depression
Min-Cheol Park, M.D., Ph.D.

NR6-49
Effect of Lurasidone on Weight and Metabolic Parameters: Results From Pooled Short-Term Placebo-Controlled and Long-Term Trials in Schizophrenia
Andrei Pikalov, M.D., Ph.D.

NR6-50
Metabolomic Correlates of Response in Patients With Schizophrenia Treated With Lurasidone
Steven G. Potkin, M.D.

NR6-51
A Pooled Analysis of the Effects of Asenapine on Persistent Negative Symptoms of Schizophrenia
Steven G. Potkin, M.D.

NR6-52
Delusional Self-Misidentification: A Psychopathological Description
Jesus Ramirez-Bermudez, M.D., M.S.C.

NR6-53
Content of Delusions and Hallucinations in Schizophrenia
Palmira Rudaleviciene, M.D., Ph.D.

NR6-54
Patients With First-Episode Psychosis and Chronic Schizophrenia Differ in Their Cognitive Decline Profile: Clinical Implications
Pedro Sanchez, M.D.

NR6-55
How to Predict Diagnoses in Patients With First-Episode Psychosis: Evidence From a 2-Year Longitudinal Study
Rafael Segarra, M.D.

NR6-56
Antibodies to Toxoplasma Gondii and Chlamydia Pneumoniae, Chlamydia Trachomatis in Individuals With Schizophrenia
Se-Hoon Shim, M.D.

NR6-57
Effect of Short-Term Treatment With Lurasidone on Quality of Life in Schizophrenia: Results From the Pearl 3 Trial
Robert Silva, Ph.D.

NR6-58
Long-Term Safety and Tolerability of Lurasidone in Patients With Schizophrenia: Results of a 6-Month, Open-Label Extension Study
Stephen M. Stahl, M.D., Ph.D.

NR6-59
Characteristics of Patients in Community Behavioral Health Organizations Receiving Two Injectable Forms of Atypical Antipsychotic Medications
H. Lynn Starr, M.D.

NR6-60
Meta-Analysis of the Efficacy of Asenapine for Acute Schizophrenia: Comparisons With Placebo and Other Atypical Antipsychotics
Armin Szegedi, M.D., Ph.D.

1:00 PM – 3:00 PM
POSTER SESSION 7
NEW RESEARCH
EXHIBIT HALL,
HAWAII CONVENTION CENTER

TREATMENTS & SERVICES

NR7-01
The Role of Health Literacy and Perceived Behavioral Control in the Adherence of Psychiatric Patients to Outpatient Appointments
Aurelia Bizamcer, M.D., Ph.D.

NR7-02
ADAS-Cog Item and Subscale Analysis: Comparison of Baseline Impairment Between Alzheimer's Disease and Parkinson's Disease Dementia Patients
Martin R. Farlow, M.D.

NR7-03
Rivastigmine Transdermal Patch and Capsule in Alzheimer's Disease: Influence of Disease Stage on Response to Therapy
Monique Somogyi, M.D.

NR7-04
Treatment of Major Depression in Residential Substance Abuse Treatment
Katherine E. Watkins, M.D.

NR7-05
Expectancy Therapy for Smoking Cessation
Charles H. Wilber, M.Ed.

NR7-06
Equine and Canine-Facilitated Therapy and Violence in Long Term Hospitalized Patients
Jeffry R. Nurenberg, M.D.

NR7-07
Covert Psychiatric Morbidities Among Non-Adherent Hypertensive Patients: Needs and Challenges
Ram Jeevan Bishnoi, D.P.M.

NR7-08
The Evolution of Assertive Community Treatment in Hawaii: Addressing Medical Morbidities Among the S everely Mentally Ill
Richard S. Chung, M.D.

NR7-09
Post Discontinuation Patterns of Atypical Antipsychotic Treatment Among Adults With Schizophrenia or Bipolar I Disorder
Angela M. DeVeaugh-Geiss, Ph.D.

NR7-10
Trajectory Analysis of Healthcare Costs for Patients With Major Depressive Disorder Treated With High Doses of Duloxetine
Douglas E. Faries, Ph.D.

NR7-11
WITHDRAWN

NR7-12
Understanding Barriers to Metabolic Screening for People With Severe Mental Illness: A Survey of Primary Care Providers in San Francisco
Aishat Giwa, B.A.

NR7-13
Non-Responders Explain Prolonged Length of Stay for Acute Psychiatric Admissions
Cheryl Ann Kennedy, M.D.

NR7-14
The Development and Implementation of a Psychiatric Practice-Based Research Network: Initial Results
Cervando Martinez, M.D.

NR7-15
Relationship of Parental Military Deployment to Child Psychiatric Hospitalizations in the Us Armed Forces
Jeffrey Millegan, M.D., M.P.H.

NR7-16
Collaborative Care for Improving the Management of Depression: A Systematic Review and Meta-Analysis
Anil Thota, M.B.B.S , M.P.H.

NR7-17
Systematic Approaches to Firearms in Mental Health Settings (SAF-MH): Acceptability and Feasibility
Heather Walters, M.S.

NR7-18
Obstacles to Diagnosis and Treatment of Depression in the Primary Care in the Czech Republic
Alexander Nawka, M.D.

NR7-19
Sociodemographic and Diagnostic Characterization of ECT Utilization in Hawai'i
Celia Ona, M.D.

NR7-20
Correlates of Opioid Initiation and of Long-Term Use Among Veterans With Chronic Pain
Steven K. Dobscha, M.D.

NR7-21
A Correlative Study on the Psychosocial Distress Status and the Physical Performance of Individuals With COPD and Chronic Pain: Case Series
Armando S. Miciano, M.D.

NR7-22
Direct Medical Costs of Psychotropic Management, Psychosocial Distress, and the Physical Performance of Individuals With Poly-Trauma and Chronic Pain
Armando S. Miciano, M.D.

NR7-23
Pattern of CCM Utilization Among Faculty and Residents in a Primary Care Practice
Ramona DeJesus, M.D.

NR7-24
The Impact of Case Management on Clinical Outcomes for Psychiatric Patients: A 6 Year Study.
Margaret H. Hendriks, B.S.N.

NR7-25
Home Treatment for the Acutely Mentally Ill Provided by a German University Mental Health Care Center As an Alternative to Inpatient Treatment
Karel J. Frasch, M.D.

NR7-26
Recovery Communities: First Person Perspectives of Residents With Dual Diagnosis
Maria Mananita S. Hipolito, M.D.

NR7-27
Implementation of a Structured Admission Diagnostic Procedure Leads to More Stable Diagnoses During Outpatient Psychiatric Rehabilitation.
Raymond Kotwicki, M.D.

NR7-28
Metformin for Weight Loss in Schizophrenia Patients Taking Atypical Antipsychotics: Challenge for Weight Control in Overweight Schizophrenia Patients
Cho D.Hwan, M.D., Ph.D.

NR7-29
A New Look at the Risk Profile of Selegeline Hydrochloride
Hamlin Emory, M.D.

NR7-30
Metabolic Syndrome Among Hospitalized Patients Treated With Antipsychotics
Centorrino Franca, M.D.

NR7-31
WITHDRAWN

NR7-32
An Open Label Study to Ascertain the Effect of a Traditional Japanese Medicine, Yokukansan, Short-Term Treatment on the Bpsd in Patients With Ad
Yoshihito Hayashi, M.D.

NR7-33
A Double-Blind Study of Duloxetine Vs. Placebo in Chronic Depression
David J. Hellerstein, M.D.

NR7-34
Comparison of the Chronic Effects of Ziprasidone and Olanzapine on Body Composition, and Energy Expenditure in Rats and Adults With New Psychotic Epis
Jin Pyo Hong, M.D.

NR7-35
Improving Self-rated Health in Adolescent Girls with Dance Intervention: A Randomised, Controlled Trial
Anna Duberg, B.S.C .

NR7-36
Effect of Duloxetine on Chronic Tension-Type Headache in Patients With Major Depressive Disorder.
Hyun Kim, M.D., Ph.D.

NR7-37
Pharmacokinetic Study of Dose Correspondence Between Oral Risperidone and Paliperidone Extended-Release Tablet in Patients With Schizophrenia
Seung Jae Lee, M.D., Ph.D.

NR7-38
How Are Uncontrolled Studies Conducted and Followed Up On?
Rajnish Mago, M.D.

NR7-39
Treatment of Serotonin Syndrome
Abid Malik, M.D.

NR7-40
Antipsychotic Switching and Insulin Resistance in Nondiabetic, Stable Patients With Schizophrenia
Jonathan M. Meyer, M.D.

NR7-41
Does Risperidone Long Acting Injectable Depot (RLAI) Reduce Number of Admissions to Hospital
Hellme Najim, M.B.

NR7-42
Comparison of Duloxetine and Desvenlafaxine in an Outpatient Psychiatric Clinic
Suhayl Nasr, M.D.

NR7-43
Bipolar Module Project As a Part of the Psycho-pharmacology Curriculum
Nirupama A. Natarajan, M.D.

NR7-44
Influence of TPH2 Variants on Diagnosis and Response to Treatment in Patients With Major Depression, Bipolar Disorder and Schizophrenia
Chi-Un Pae, M.D., Ph.D.

NR7-45
Safety of Selegiline Transdermal System in Clinical Practice: Analysis of Adverse Events From Postmarketing Exposures
Ashwin A. Patkar, M.D.

NR7-46
Rate of Occurrence of Acute Akathisia in Hospitalized First-Episode Patients Treated With First and Second Generation Antipsychotics
Michael Poyurovsky, M.D.

NR7-47
Increased Perspiration: An Unpleasant Side Effect of Antidepressant Medication in the Treatment of Deaf and Hard of Hearing Patients
Ines C.J. Sleeboom-van Raaij, M.D.

NR7-48
Ziprasidone and the Qtc Interval: A Comprehensive Review
Douglas Vanderburg, M.D., M.P.H.

NR7-49
Effect of Subjective Satisfaction of the Compensation on Change in Health Status Following Flood Disaster
Shin Kim, M.D.

NR7-50
Forum on Health and National Security, Stigma and Barriers to Care, March 24-26, 2010, Executive Summary Recommendations
Mark C. Brown, M.D., M.P.H.

NR7-51
WITHDRAWN

NR7-52
Evaluation of Work Productivity Among Employed Outpatients With Major Depressive Disorder Treated With Desvenlafaxine
Sean Nicholson, M.S., Ph.D.

NR7-53
Glucorticoid Antagonist Attenuates Olanzapine-Induced Weight Gain in Rats
Joseph K. Belanoff

NR7-54
Clinical and Policy Implications of a Statewide Telepsychiatry Initiative
Meera Narasimhan, M.D.

NR7-55
The Immediate Effect of Computer-Assisted CBT on Mood
Dale D'Mello, M.D.

NR7-56
A Four-Year Prospective Longitudinal Study of the Course of Body Dysmorphic Disorder
Katharine A. Phillips, M.D.

7:00 AM – 8:30 AM
POSTER SESSION 8
NEW RESEARCH
EXHIBIT HALL,
HAWAII CONVENTION CENTER

PSYCHIATRIC SUBSPECIALITIES

NR8-01
Acute Urinary Retention Precipitated by Buprenorphine/Naloxone
Katherine Walia, M.D.

NR8-02
Baclofen Reduced Ethanol Intake in "Loss of Control" Mice With the Highest Consumption in an Addiction Model
Roseli Boerngen-Lacerda, Ph.D.

NR8-03
Reduced Activity of Anticipatory Reward System in Pathological Gambling: An Event-Related Fmri Study
Jung-Seok Choi, M.D., Ph.D.

NR8-04
Psychosocial Treatement to Enhance Outcomes After Residential Treatment for Substance Use Disorders
Kathleen Decker, M.D.

NR8-05
Alexithymia in Relation to Frontal Lobe Functioning, Emotional Intelligence, Parental Alcoholism and Alcohol Consumption in a Non-Clinical Sample
Michael Lyvers, Ph.D.

NR8-06
Co-Occurring Psychological Problems and Alcohol Misuse in a High Risk Military Population
Andrew MacGregor, Ph.D.

NR8-07
Genetic Variation at Alpha 4 and Alpha 7 Cholinergic Receptors Predicts Smoking-Induced Dopamine Release
Karyn S. Mallya, B.A.

NR8-08
Quetiapine for the Treatment for Cannabis Dependence: An Open-Label Trial
John J. Mariani, M.D.

NR8-09
Risk Factors for Repetition of Deliberate Self Harm (Rdsh) in a Sample of Emergency Department (Ed) Patients Admitted for Dsh by Self Poisoning
Anjali Mathur, M.D.

NR8-10
An Evaluation of the Proposed *DSM-5* Alcohol Use Disorder Criteria Using Australian National Data
Louise Mewton, B.A.

NR8-11
Androgen Receptor Cag Repeat and Methylation Status of the Pomc Promoter Are Inversely Correlated During Craving and Alcohol Withdrawal
Marc Muschler, M.D.

NR8-12
Comparison of the Suicide Attempts With and Without Alcohol Use
Seoyeon Park, M.D.

NR8-13
Chronic Robotripping: a Case Report of Dextromethorphan Dependence
Dwight Smith, M.D.

NR8-14
Alexithymia and Alcohol Expectancies in Alcohol Dependent Outpatients
Fred Arne Thorberg, Ph.D., M.A.

NR8-15
Differences in Utilization of Psychiatric Emergency Services Between Methamphetamine Users and Methamphetamine Non-Users in Hawaii
Tara P. Toohey, M.D.

NR8-16
Trait Anxiety As a Risk Factor for Mental Health of Burn Patients
Bong-Ki Son, M.D..

NR8-17
Annual Health Care Costs for Patients With Schizophrenia Experiencing Multiple Relapses After Initiation of a Second-Generation Oral Antipsychotic
Sudeep Karve, Ph.D., M.S.

NR8-18
Emergency Department Evaluation of Youth Sent From Schools for Suicidal or Disruptive Thoughts and Behaviors: Consequences of Inappropriate Referrals
Grudnikoff Eugene, M.D.

NR8-19
Parental Reports of Early Psychopathology in Children and Adolescent With Bipolar Disorder
Mariely Hernandez, M.A.

NR8-20
Child and Adult Adhd Impulsivity Need for a Day Long Effective Treatment: An Open Pilot Study With 2 Adult and 5 Children Has Been Performed
Christian Y. Herrera, M.D., Ph.D.

NR8-21
Sleep Duration and Body Mass Index in Korean Children
Jonghun Lee, M.D., Ph.D.

NR8-22
Metabolic Effects of Antipsychotics in Children (Meac): Primary Endpoint Results
John W. Newcomer, M.D.

NR8-23
The Metabolic Effects of Antipsychotics in Children (MEAC) Study: Baseline Characteristics of Study Participants
Ginger E. Nicol, M.D.

NR8-24
To Estimate the Prevalence and Distribution of Metabolic Syndrome in Pediatric Population and Especially Its Association With Second Generation
Shakeel Raza, M.D.

NR8-25
Impact of Long-Term Guanfacine Extended Release Treatment on Quality of Life
Floyd R. Sallee, M.D., Ph.D.

NR8-26
Adolescents With Substance Abuse Are Often Misdiagnosed As Bipolar Disorder
Anoosh Salman, M.D.

NR8-27
Saving and Empowering Young Lives in Europe (Seyle)
Marco Sarchiapone, M.D.

NR8-28
Maintaining Involvement As an Effective Method for the Treatment of the Criminally Insane With Drug Dependence
Ryuichi Fujii, M.D., Ph.D.

NR8-29
Characteristics of Patients in Community Behavioral Health Organizations Receiving Two Injectable Forms of Atypical Antipsychotic Medications
H. Lynn Starr, M.D.

A.M. 7
A.M. 8

NR8-30
Predicting Simulated Firearms Performance in Psychiatric Patients
Heather Kurera, D.O.

NR8-31
People's Attitudes Towards Procedures and Measures of Coercion in Compulsory Hospitalization in Taiwan
Kuan-Chiao Tseng, M.D., Sc.D.

NR8-32
Self-Disclosure of Malingering Psychosis in a Military Service Member
Lauretta Ziajko, M.D.

NR8-33
Is Apoe E4 Still a Risk Factor for Dementia in the Oldest Old? Findings From the Gothenburg 95+ Study
Anne Börjesson-Hanson, M.D., Ph.D.

NR8-34
Effect of Internet Use on the Quality of Life in Community Dwelling Korean Elders
Jin Sook Cheon, M.D., Ph.D.

NR8-35
Pharmacological Treatment Prescribed at the Emergency Psychiatric Patients Over 80 Years
David Corcoles, M.D.

NR8-36
Medroxyprogesterone Acetate Treatment for Sexually Inappropriate Behavior in a Veteran With Schizoaffective Disorder and Dementia: A Case Report
Antony Fernandez, M.D.

NR8-37
Increased Mortality Associated With Social Isolation in Older Men: Only When Feeling Lonely?
Tjalling Holwerda, M.D.

NR8-38
Preliminary Evaluation of Switching to Galantamine After Nonresponse to Donepezil in Alzheimer's Disease
Taeyoung Hwang, M.D., M.P.H.

NR8-39
Relationship Between Five Symptoms of Stroke and Cognition in the Elderly
Hyun-Chung Kim, M.D.

NR8-40
WITHDRAWN

NR8-41
Mortality in Mild Cognitive Impairment: Results From the Korean Longitudinal Study on Health and Aging (KLOSHA)
Jung Jae Lee, M.D.

NR8-42
Increased Psychiatric Emergency Department Utilization by the Elderly in Hawaii: A Reflection of the Mental Health Crisis Facing Our Nation's Elderly
Brett Y. Lu, M.D., Ph.D.

NR8-43
The Current Status of Geriatric Depression in South Korea
Jong-Woo Paik, M.D., Ph.D.

NR8-44
The Efficacy of Treatment of Addition in Alzheimer's Disease: Rationale for Combination Therapy With Galantamine and Memantine
Julio C. Zarra, Ph.D.

NR8-45
The Evolution of Memory Disorder in the Elderly People: Do You Recover, Will Remain Stationary or Dementia?
Lousa Schmidt

NR8-46
Mental Health Screening in a Subspecialty Medical Clinic for Individuals With Phenylketonuria
Deborah Bilder, M.D.

NR8-47
Relationship Between a Hopeful Attitude and Cellular Immunity in Patients With Breast Cancer
Sung-Wan Kim, M.D., Ph.D.

NR8-48
Fibromyalgia: Efficacy of Quetiapine Compared With Placebo
Norman C. Moore, M.D.

NR8-49
Psychosocial Factors Predicting Advanced Stage of Breast Cancer at Diagnosis in Korea: the Role of Marital Satisfaction
Hyo-Deog Rim, M.D.

NR8-50
Detecting Depression in Hepatitis C: the Utility of the Clinician-Rated and Self-Report Depression Scales
Sanjeev Sockalingam, M.D.

NR8-51
Patterns of Emotion Processing in Psychogenic Non-Epileptic Seizures
Gaston Baslet, M.D.

NR8-52
Stop Smoking Efforts of the Ministry of Health in Turkey in 2010-2011: Reflections on the Daily Practice
Derya Akbiyik, M.D.

10:00 AM – 11:30 AM
POSTER SESSION 9
NEW RESEARCH
EXHIBIT HALL,
HAWAII CONVENTION CENTER

BIOLOGICAL PSYCHIATRY, NEUROSCIENCE, GENETICS AND OTHER

NR9-01
Efficacy of Lisdexamfetamine Dimesylate in Adults With Attention-Deficit/Hyperactivity Disorder Previously Treated With Amphetamines
Thomas F. Babcock, D.O., Ph.D.

NR9-02
Long-Term Safety and Efficacy of Clonidine Extended-Release Tablet Monotherapy or Combination Therapy in Pediatric Patients With ADHD
Samantha Bostrom, M.D.

NR9-03
Adverse Event Profiles Associated With Dose Escalation/Maintenance and Dose Tapering of Clonidine Hydrochloride Extended-Release Tablets
Rich Bowen, Ph.D.

NR9-04
Maintenance of Efficacy of Lisdexamfetamine Dimesylate in Adults With Attention-Deficit/Hyperactivity Disorder: Randomized Withdrawal Design
Mathew Brams, M.D.

NR9-05
Efficacy and Safety of Morning or Evening Administration of Guanfacine Extended Release Coadministered With Psychostimulants in Adolescents With ADHD
Oscar G. Bukstein, M.D., M.P.H.

NR9-06
Nonmedical Use and Diversion of Specific ADHD Stimulants Among U.S. Adults Aged 18-49: A National Internet Survey
Theresa A. Cassidy, M.P.H.

A.M. 10
A.M. 11

NR9-07
Diffuse Tensor Imaging Study of Female Adolescents With Attention Deficit Hyperactive Disorder
Ying-Sheue Chen, M.D.

NR9-08
Long-Term Safety and Effectiveness of Lisdexamfetamine Dimesylate in Adolescents With Attention-Deficit/Hyperactivity Disorder
Ann C. Childress, M.D.

NR9-09
Impact of Coadministration of Guanfacine Extended Release and a Psychostimulant on Oppositional Symptoms in Children and Adolescents With ADHD
Andrew Cutler, M.D.

NR9-10
Behavior Rating Inventory of Executive Function-Adult Version (Brief-A) Effects With Atomoxtine
Todd M. Durell, M.D.

NR9-11
Atomoxetine an Adjunctive to SSRIs or SNRIs in the Treatment of Adult ADHD Patients With, Comorbid Partially Responsive Generalized Anxiety: An Open
Adel Gabriel, M.R.C., D.P.M.

A.M. 10

NR9-12
Stability and Utility of Predominant ADHD Symptom Clusters in Lisdexamfetamine Dimesylate and Placebo Nonresponders and Responders
Greg Mattingly, M.D.

A.M. 11

NR9-13
An Indirect Comparison of Guanfacine Extended Release Vs. Atomoxetine for the Treatment of ADHD in Children and Adolescents
James Signorovitch, Ph.D.

NR9-14
Clonidine Hydrochloride Extended-Release Tablets for Treatment of Attention-Deficit/Hyperactivity Disorder in Pediatric Patients: A Responder Analysis
M.J. Yoon, Pharm.D.

NR9-15
Neuro-Evolutionary Perspectives Comparing Neanderthal to Human: Implications for Human Cognitive Function and Emotional Regulation
Jeremy D. Coplan, M.D.

NR9-16
Rat Brain Autoradiography With Selective 5-HT7 Receptor Radioligand [3H]SB-269970 Shows Limbic System As a Target of a Novel Antipsychotic Lurasidone
Tomoko Horisawa, M.S.

NR9-17
Effects of Pharmacological Treatment on the Use of Episodoc Memory Strategies in Patients With Bipolar Disorder I
Juan D. Palacio, M.D.

NR9-18
Biogenic Amines Are Variably Affected by Chronic Fatigue in a General Medical Office Patient Population
Demetrios Perdikis, M.D.

NR9-19
Neurochemical Markers of Cognitive Performance and Aggressive Behavior in Acute Neuropsychiatric Patients
Jesus Ramirez-Bermudez, M.D., M.S.C.

NR9-20
Frequency of Hyponatremia and Cardiomyopathy in Clozapine-Treated Subjects in Venezuela
Ignacio J. Sandia Saldivia, M.D., Ph.D.

NR9-21
Von Economo Neurons in Autism: A Stereologic Study of the Frontoinsular Cortex in Children
Micaela Santos, M.D.

NR9-22
Efficacy and Safety of EB-1010, a Triple Reuptake Inhibitor, in the Treatment of Patients With Major Depressive Disorder
Pierre V. Tran, M.D.

NR9-23
A Comparison of the P3 Amplitude Across Alcoholism and Depression Spectrum
Deval D. Zaveri, M.D.

NR9-24
Augmentative Repetitive Transcranial Magnetic Stimulation (rTMS) in Drug-Resistant Depression: A 4 Week Randomized Open Trial
Bernardo Dell'Osso, M.D.

NR9-25
Development of a Short Questionnaire for the Assessment of the Onset and Latency to Treatments in Psychiatric Disorders
Bernardo Dell'Osso, M.D.

NR9-26
The Change of Brain Activity in Response to Working Memory Task During the Abstinent Period of Online Game
Doug Hyun Han, D.P.H.

NR9-27
Adverse Experiences and Brain Structures Among Depressed Adolescent Psychiatric Outpatients
Linnea Karlsson, M.D., Ph.D.

NR9-28
Serotonin Transporter (SERT) Receptors in ADHD
Linnea Karlsson, M.D., Ph.D.

NR9-29
Differences in fMRI Brain Activation Found in Patients With Bipolar Disorder and Healthy Controls During a Working Memory Task
Guillermo Ramirez, M.D.

NR9-30
Stages of Dementia of Alzheimer Type Evaluated Based on Statistical Image Analysis
Shigeaki Higashiyama, M.D., Ph.D.

NR9-31
Cytochrome P-450 Enzymes and Their Influence on the Efficacy and Safety of Cholinesterase Inhibitor Treatment for Alzheimer's Disease
Gabriel Eckermann, M.D.

NR9-32
Dosage Form Preference Among Non Professional Caregivers of Patients With Alzheimer's Disease (AD): Results of a Geographically Representative Survey
Susan Gabriel, M.S.C.

NR9-33
Compararison Dartel and Conventional Voxel-Based Analysis on MRI and FDG-PET in Mild Cognitive Impairment (MCI)
Takashi Kawachi, M.D., Ph.D.

NR9-34
Effect of Apolipoprotein E Genotype on Survival in Cognitively Normal Korean Elderly
Shin Gyeom Kim, M.D.

NR9-35
Association Between Apolipoprotein E E4 and Survival Following Onset of Alzheimer's Disease in Korean Elderly
Shin Gyeom Kim, M.D.

NR9-36
Usefulness of Informant Questionnaire of Cognitive Decline of the Elderly (IQCODE)For Evaluation of the Risk of Delirium
Dong Woo Lee, M.D., Ph.D.

NR9-37
Epidemiological Survey of Influences of Long-Term Treatment With a Traditional Japanese Medicine, Yokukansan, on Behavioral and Psychological Symptoms
Kazunori Okahara, M.D.

NR9-38
Treatment With Association Between Galantamine and Escitalopram in Mild Cognitive Disorder and Depression
Luisa C. Schmidt, M.D.

NR9-39
Reduced Brain Functional Connectivity in Middle-Aged Children of Alzheimer Patients Carriers (CAPS) of the APOE4 Gene: A Resting State F-Mri Study
Suraj Singh, M.D., M.R.C.

NR9-40
Paraneoplastic Syndrome-Cognitive Decline-Post-Treatment Improvement
Sveto Vitorovic, M.D.

NR9-41
Cognitive Training in the Elderly With Normal Aging and Cognitive Impairment With No Dementia
Charles H. Wilber, M.Ed.

NR9-42
Galantamine in Long-Term Treatment for Mild Cognitive Impairment
Julio C. Zarra, Ph.D.

NR9-43
Validity of the Korean Version of Core
Youngmin Choi, M.D.

NR9-44
WITHDRAWN

NR9-45
The Use of Multiple Tests to Improve Screening for Bipolar Disorder
Burdette Wendt

NR9-46
An Indian Perspective of Family Characteristics and Treatment Adherence in Schizophrenia
Ram Jeevan Bishnoi, D.P.M.

NR9-47
A Three-Generational Study of Risk Factors for Childhood Externalizing Behavior
David W. Brook, M.D.

NR9-48
A Multicenter Study of Bipolar Disorder Among Emergency Department Patients in Latin-American Countries
Ruby C. Castilla-Puentes, M.D., D.P.H.

NR9-49
Lifetime Risk and Age of Onset Distributions of Psychiatric Disorders in South Korea
Sung Man Chang, M.D., Ph.D.

NR9-50
Finnbrain Birth Cohort Study - Focus on Stress and the Developing Brain
Hasse Karlsson, M.D., Ph.D.

NR9-51
The Pharmacoepidemiology of Antipsychotic Medications for Adults With Schizophrenia in Canada, 2005 to 2009
Darren Lam, B.S.

NR9-52
Impact of Financial Barriers to Medical Care on the Prevalence of Adult Depressive Disorders in the US
Roopali Parikh, M.D.

NR9-53
The Pharmacoepidemiology of Selective Serotonin Reuptake Inhibitor Medications for Canadian Children, 2005 to 2009
Tamara M. Pringsheim, M.D.

NR9-54
Evidence-Based Cross-Sectional Study of the Difficult Patient in Psychiatric Practice: A South Texas Psychiatric PBRN Study
Ricardo Salazar, M.D.

NR9-55
Baseline Results and Validation Methods of a 10 Year Longitudinal Study of the Ohio Army National Guard
Marijo B. Tamburrino, M.D.

NR9-56
Exclusionary Psychiatric Disorders and Psychiatric Comorbidities in Patients With Chronic Fatigue Syndrome
Ann Vincent, M.D.

NR9-57
An Epidemiological Study of Concomitant Use of Herbal Medicine and Antipsychotics in Schizophrenic Patients: Implication for Herb-Drug Interaction
Zhang Zhang-Jin, M.D., Ph.D.

NR9-58
Influence of Monoamine Gene Variants on Response to Methylphenidate Treatment of Hyperactivity in Autism Spectrum Disorder
Ksenya K. Badashova, B.S.

NR9-59
A Retrospective Analysis of Outcomes in Outpatients With Major Depressive Disorder in a Staff Model Hmo: Applications of a Pharmacogenetic Algorithm
Aida Mihajlovic, M.D., M.S.

NR9-60
Association of the Cannabinoid Receptor Cnr1 With Antipsychotic-Induced Weight Gain in the Rupp Autism Sample
Erika L. Nurmi, M.D., Ph.D.

NR9-61
Genotype Diagnosis of Depression Subtype: "Depression Genotype"
Gen Shinozaki, M.D.

NR9-62
Monoamine Gene Variants Predict Antipsychotic-Induced Weight Gain in the Nimh Rupp Autism Risperidone Samples
Samantha L. Spilman

NR9-63
Meta-Analysis and Genetic Association of the Brain-Derived Neurotrophic Factor (BDNF) Gene With Obsessive-Compulsive Disorder (OCD)
Gwyneth Zai, M.D.

NR9-64
Kleine-Levin Syndrome: Episodic Hypersomnia, Compulsive Eating, and Hypersexual Behavior in a 21 Year Old Male US Marine of Filipino Descent
Marc A. Capobianco, M.D.

NR9-65
The Safety of Dextromethorphan/Quinidine in Clinical Trial Participants Taking Selective Serotonin Reuptake Inhibitors (SSRIs)
Andrea Formella, Pharm.D.

NR9-66
An Integrated Treatment for Patient With Organic Syndrome: A Synchronous-Sequential Model in Fronto-Insular Damage Patient
Aristotele Hadjichristos, M.D.

NR9-67
Analysis of Time to Onset of Action of Dextromethorphan/ Quinidine for Treatment of Pseudobulbar Affect in a Randomized Placebo-Controlled Trial (STAR)
Adrian Hepner, M.D.

NR9-68
Prematurity and Low Birth Weight As Risk Factors for the Development of Affective Disorder, Especially Depression and Schizophrenia: A Register Study
Jens Knud Larsen, M.D.

NR9-69
Spatial Versus Verbal Memory Impairments in Patients With Fibromyalgia
Seung Jae Lee, M.D., Ph.D.

NR9-70
Evaluation of the Safety of Dextromethorphan/Quinidine for Treatment of Pseudobulbar Affect in Patients Across a Range of Neurological Conditions
Laura Pope, Ph.D.

NR9-71
Chronic Inflammation in Schizophrenia – Effect of Obesity on Inflammation Markers
Suoma E. Saarni, M.D., Ph.D.

P.M. 1

P.M. 3

1:00 PM – 3:00 PM
POSTER SESSION 10
NEW RESEARCH
EXHIBIT HALL,
HAWAII CONVENTION CENTER

NR10-01
Measuring the Effects of Mental Illness Stigma on Hiv Risk Behavior of Adults in Public Psychiatric Care in Rio De Janeiro, Brazil
Cristiane Borges, M.D.

NR10-02
Brain-Derived Neurotrophic Factor in Generalized Anxiety Disorder: Results From a Double-Blind, Placebo-Controlled Study of Duloxetine Treatment
Susan G. Ball, Ph.D.

NR10-03
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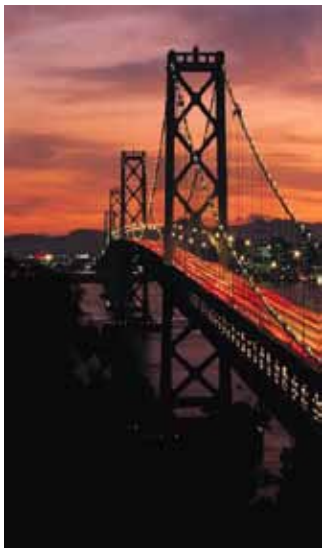
Future Meetings of the American Psychiatric Association

Don't miss the opportunity to meet with colleagues from around the world, expand your educational experience, and prepare for future challenges to your profession as we travel to these great cities...



ANNUAL MEETINGS

2012 May 5-9	Philadelphia, PA
2013 May 18-22	San Francisco, CA
2014 May 3-7	New York, NY

INSTITUTE ON PSYCHIATRIC SERVICES

2011 October 27-30	San Francisco, CA
2012 October 4-7	New York, NY
2013 October 10-13	Philadelphia, PA
2014 Oct 30 – Nov 4	San Francisco, CA

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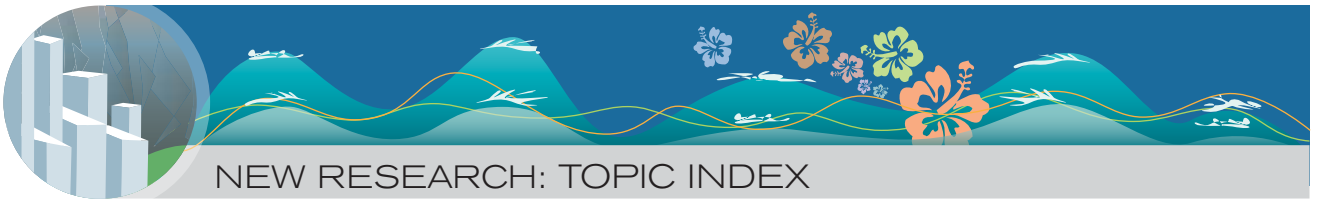


NEW RESEARCH: TOPIC INDEX

VISIT THE EXHIBITS

Career Fair, Publishers Book Fair and APA Member Center

Open Saturday 8:00 am – 3:00 pm

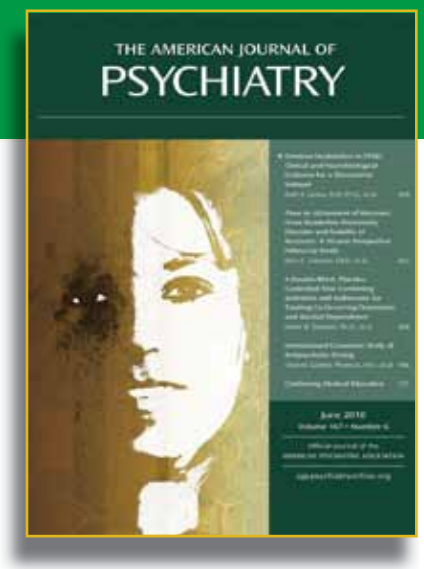
All Exhibits Open

Sunday	8:00 am – 3:00 pm
Monday	8:00 am – 3:00 pm
Tuesday	8:00 am – 3:00 pm

NOTE: Final closing of exhibits is Tuesday at 3:00 pm

The American Journal of PSYCHIATRY

Latest IMPACT FACTOR 12.52!



Official Journal of the American Psychiatric Association

Edited by Robert Freedman, M.D.

• AJP saw its 2009 Impact Factor rise almost two full points point to reach 12.52, placing it 2nd among the 117 psychiatry journals indexed, while still remaining the far-and-away leader in total citations.

• According to the May 2010 Thomson Scientific Essential Science Indicators, five of the Top 44 most highly cited articles in psychiatry/psychology appeared in *The American Journal of Psychiatry*. No other journal had more!

• *The American Journal of Psychiatry* (AJP) is again the #1 journal in psychiatry in terms of immediacy according to Thomson Scientific's Immediacy Index. This important performance metric is calculated by dividing the number of citations to articles published in a given year by the number of articles published in that year.

• The Immediacy Index is a good measure of how quickly a given journal's articles are cited—AJP's #1 placement is a result of publishing articles that are relevant, covering current "hot" topics and cutting-edge research, and getting these findings to the field faster with AJP in Advance, the Journal's online-ahead-of-print publication protocol.

• A recent poll conducted by the BioMedical & Life Sciences Division of The Special Libraries Associaton identified the 100 most influential journals in all of Biology & Medicine over the last 100 years. *The American Journal of Psychiatry* was among those honored, the only psychiatry/psychology journal represented.

No other psychiatric journal reaches more psychiatrists with greater impact or immediacy than the journal that the overwhelming majority of psychiatrist considers essential: AJP.

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Visit the APA Store

at its new location in the APA Member Center

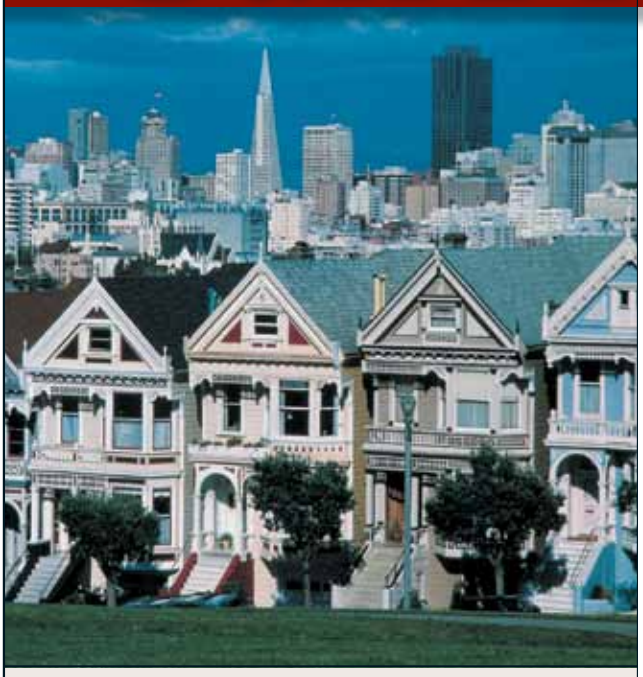
The popular APA Store will be open for business during the Annual Meeting in Honolulu! Stop by and browse through an assortment of APA-branded merchandise.

LOCATION:
The APA Member Center is located at the Hawaii Convention Center in Exhibit Hall (Level 1)

APA STORE HOURS:
Saturday, May 14 through Tuesday, May 17
8:00 a.m. – 3:00 p.m.

Stop by the APA Store to see our new selections.
Whether in Honolulu or at home, show pride in your profession by displaying your APA-branded merchandise!

San Francisco



OCTOBER 27–30, 2011

Save the date now to attend the American Psychiatric Association's 63rd Institute on Psychiatric Services, APA's leading educational conference on clinical issues and community mental health to meet the service needs of people with severe mental illness. Check out our website at www.psych.org/IPS.

Comprehensive and Coordinated Care: Bringing it all Back Home

This four-day event will feature more than 100 expertly-led educational sessions on a variety of topics, popular networking events, and exhibits that complement the educational program. Further information can be found on the Web at **www.psych.org/IPS.**

Who Should Attend?

- All APA members, including early career psychiatrists and psychiatric residents (only $75 for early bird registration, $90 for advance registration)
- International psychiatrists
- Primary Care Physicians
- Mental health professionals from all disciplines

Why Should You Attend?

- To earn CME credit (CEs have also been applied for)
- To improve patient care
- To learn about clinically-focused topics that offer specific skill sets
- To network with colleagues and obtain solutions for the challenges you face
- Because your return on investment will reap both personal and professional rewards

The IPS Has Gone "GREEN"

In June, the ***Preliminary Program***, which will include registration, housing, travel, and detailed program information, will be available online only at www.psych.org/IPS.

The American Psychiatric Association is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

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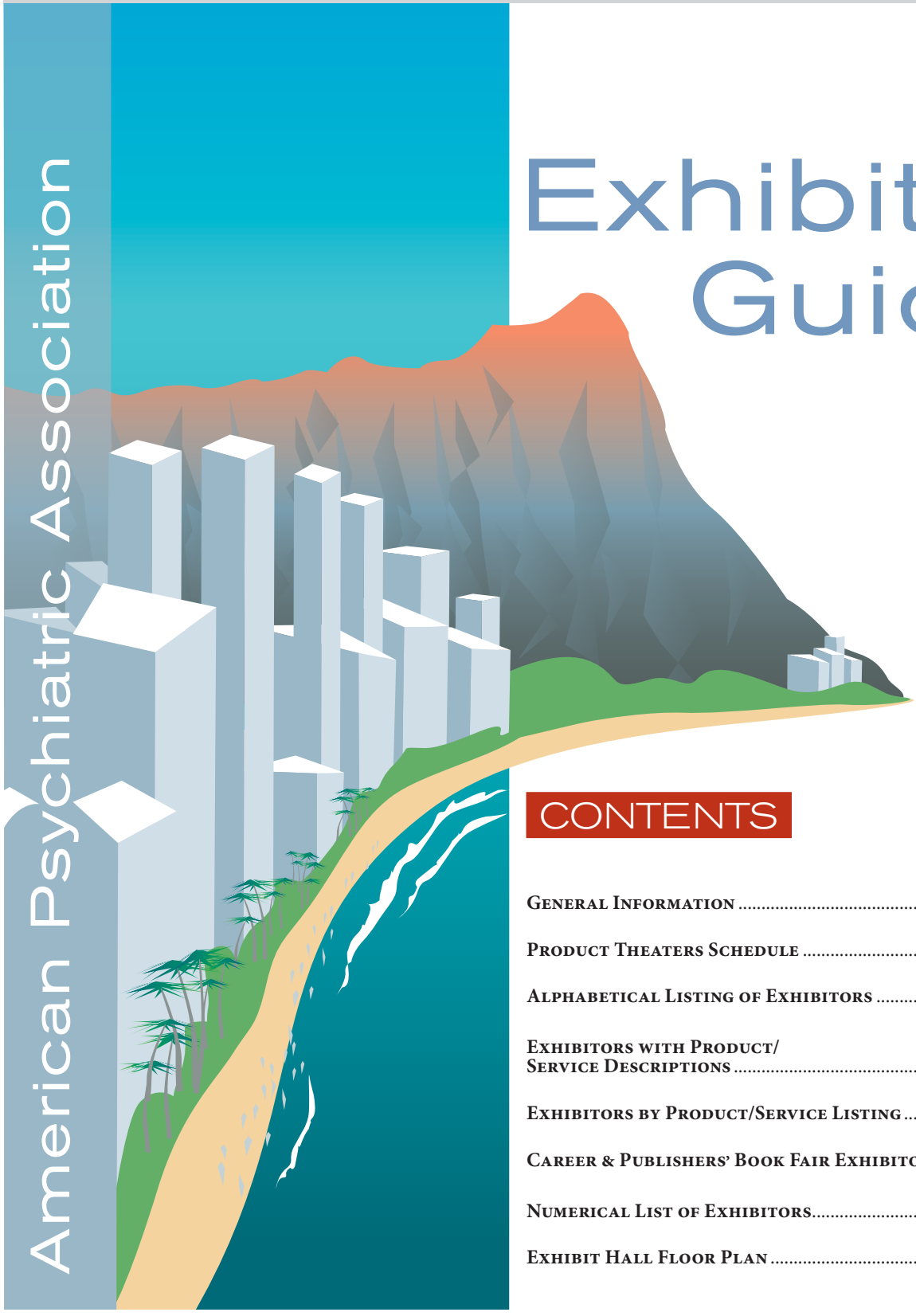
Exhibits Guide



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GENERAL INFORMATION

The APA Exhibits Program is an integral component of the overall Annual Meeting and provides an excellent opportunity for meeting registrants to obtain the latest information on products and services related to the psychiatric profession.

Please allow adequate time in your daily schedule to visit the exhibits, which are located in Exhibit Hall, Level 1. At the exhibits you participate in interactive computer programs and speak with the representatives of companies who provide services and products related directly to psychiatrists' professional and personal interests.

To assist in locating a particular company or product, a floor plan of the Exhibit Hall is included in the exhibits section of **The Guide**, along with a list of: 1) exhibitors with product/service description; 2) exhibitors by product/service listing; and 3) exhibitors listed alphabetically with booth numbers.

EXHIBIT DATES AND HOURS

Publishers Book Fair & Career Fair (only)

SATURDAY, MAY 14
8:00 A.M. – 3:00 P.M.

All Exhibits:

SUNDAY, MAY 15
8:00 A.M. – 3:00 P.M.

MONDAY, MAY 16
8:00 A.M. – 3:00 P.M.

TUESDAY, MAY 17
8:00 A.M. – 3:00 P.M.

HOSPITALITY LOUNGES

Two APA Cafés and the International Meeting Pavilion, serving complimentary coffee, are located throughout the exhibit hall. Please utilize these areas to relax and refresh during your time in the hall. The APA Cafés will also provide attendees with charging stations for cell phones and laptops, as well as free WiFi. Freshly-popped popcorn will be available in the afternoon Sunday-Tuesday at various locations in the hall.

PUBLISHERS BOOK FAIR

Major publishers and book sellers, including the American Psychiatric Publishing, are located in this designated area. Participating companies are selling and taking orders for new and current professional books in the field of psychiatry.

NEW THIS YEAR!
Exhibit hall food voucher to all paid attendees–attached to meeting badge–redeemable for food at the concession areas in exhibit hall only

SUNDAY, MAY 15-
TUESDAY, MAY 17

During exhibit hall hours only.

CAREER FAIR

Exhibitors in this area include: government agencies, hospitals, locum tenens, psychiatric facilities, and recruiters seeking psychiatrists to fill open positions. The American Psychiatric Association Job Bank, located in the Member Center, has the most comprehensive online listing of psychiatric positions for candidates to search for new employment opportunities.

BADGE COLOR CODES

BLUE	Members
YELLOW	Nonmembers
RED	Exhibitors
GREEN	APA Staff
SILVER	Press
BLACK	Temporary Staff

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Products and services displayed in the Exhibit Hall occur by the contractual arrangement between the American Psychiatric Association and participating companies. This arrangement does not constitute or imply an endorsement by the American Psychiatric Association of these products or services.

NEW EXHIBIT HALL ACTIVITIES

- APA Cafés with daily coffee service, along with free WiFi and charging stations for cell phones and laptops.
- Food voucher ($8) provided to all paid attendees, good only in exhibit hall food courts during exhibit hall hours only. Voucher is attached to badge.
- Poster Sessions are located in the exhibit hall.
- The Career Fair opens Saturday, May 14. Stop by to see what recruitment opportunities are available from across the country.
- Visit the Fitness Booth to take a break, practice your golf swing, or compete with your colleagues on the Nintendo® Wii™ game system. Health screenings will also be provided by a registered nurse.
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Columbia Psychiatry
(212) 305-6001

Weill Cornell Psychiatry
(888) 694-5700

NewYork-Presbyterian Psychiatry provides a full continuum of expert diagnosis and treatment services for adults, adolescents and children with psychiatric, behavioral and emotional problems.

Accomplished specialists in psychiatry, psychopharmacology, clinical psychology and neurology work together to provide the highest quality of care, incorporating the most recent clinical and scientific advances. With proper diagnosis and treatment, virtually every mental health condition can be effectively addressed. We offer comprehensive and professional treatment in both inpatient and outpatient settings.

NewYork-Presbyterian is affiliated with two Ivy League medical colleges—Columbia University College of Physicians and Surgeons and Weill Cornell Medical College—and delivers the best psychiatric care in New York and for 2010-2011 is ranked among the top five hospitals in the United States for psychiatry, according to *U.S. News & World Report*®.

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Columbia University Medical Center
622 West 168th Street
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The Allen Hospital
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New York, NY 10034
212-305-6001

Affiliate

New York State
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1051 Riverside Drive
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212-305-6001

Weill Cornell Psychiatry

NewYork-Presbyterian Hospital/
Weill Cornell Medical Center
525 East 68th Street
New York, NY 10065
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The Westchester Division
21 Bloomingdale Road
White Plains, NY 10605
888-694-5700

NewYork-Presbyterian
The University Hospital of Columbia and Cornell

www.nyp.org/psychiatry

Office of HIV Psychiatry

Some viruses attack more than just memory

HIV is a neurotropic virus that directly invades brain tissue and may cause sensory, motor, and cognitive damage. Unfortunately, research suggests that current antiretroviral medications do not protect the central nervous system as well as they protect the rest of the body. About 40% of patients experience some type of impairment.

For more information and resources, stop by the APA Member Center (*Quality Patient Care booth*) or attend one of the HIV sessions offered during the Annual Meeting.

Sunday, May 15, 9:00 A.M. – 10:30 A.M.
Workshop: *The Sixth Vital Sign: Assessing Cognitive Impairment in HIV*.
Hawaii Convention Center, Room 322B, Level 3

Sunday, May 15, NOON – 3:00 P.M.
Resident Session: *HIV Psychiatry—What Every Resident Should Know*
Hilton Hawaiian Village Hotel, Mid-Pacific Conference Center, Sea Pearl V-VI.

Monday, May 16, NOON – 3:00 P.M.
Symposium: Comprehensive HIV Psychiatry Update
Hawaii Convention Center, Room 309, Level 3

American Psychiatric Association
Office of HIV Psychiatry
703.907.8668 ■ aids@psych.org ■ www.psych.org/aids

APA ANNUAL MEETING PRODUCT THEATER SESSIONS

Product Theaters will again be held during the Annual Meeting. These presentations are being held as an extension of the exhibit hall. Seating is limited to 200, and is on a first-come basis. They feature promotional programs supported by our exhibitors. CME credit is not provided for these sessions. The 30- to 60-minute sessions will be held in Room 301 A/B, Level 3 of the Hawaii Convention Center. Sessions will be from Saturday to Tuesday with boxed breakfast or lunch provided by the APA. Topics may include treatment management, disease updates, and issues of interest to the supporting company. Supporters of the sessions include Janssen Pharmaceuticals, Lilly US, Inc., Merck & Co., Pfizer, Inc., Sunovion Pharmaceuticals, Army Medical Recruiting, and Forest Pharmaceuticals. Look for signs announcing the presenters and topics located in the Convention Center, exhibit hall, and outside of Room 301A/B, and make time to attend.

SATURDAY, MAY 14

11:30 AM-12:30 PM
Sponsored by Janssen®, Division of Ortho-McNeil-Janssen Pharmaceuticals, Inc.

Living with Schizophrenia: A Call for Hope and Recovery, A Film Presentation and Q&A Session with Rebecca Roma, M.D.

SUNDAY, MAY 15

7:30-8:00 AM
Sponsored by Lilly USA, LLC

Turning Back the Tide: Applying Clinical Scientific Advances to the Treatment of MDD

This program is sponsored by and the speaker is presenting on behalf of Lilly USA, LLC. It is being presented consistent with FDA guidelines and is not approved for continuing education credit. Breakfast will be provided for attendees of this program. This medical presentation is intended only for invited healthcare professionals for whom the information to be presented is relevant to their practice. We regret that spouses or other guests cannot be accommodated.

11:30 AM-12:30 PM
Sponsored by Janssen®, Division of Ortho-McNeil-Janssen Pharmaceuticals, Inc.

Long-Acting Injectable Therapies in Schizophrenia: A Conversation With Your Patients About Therapeutic Options

Presenters:
Jason Bermak, M.D., Ph.D.,
Psychiatrist and Medical Director SF-Area, Inc., San Francisco, CA

Rebecca Roma, M.D.,
Psychiatrist and Medical Director of Community Treatment Team, Mercy Behavioral Health, Pittsburg, PA

2:00-2:30 PM
Supported by Merck

Managing Adult Patients with Manic or Mixed Episodes Associated with Bipolar I Disorder: Updates on a Treatment Option

Presenter:
Roger S. McIntyre, M.D., F.R.C.P.C.,
Associate Professor of Psychiatry and Pharmacology University of Toronto Head, Mood Disorders Psychopharmacology Unit, University Health Network, Toronto, Ontario, Canada, Chair in Brain Imaging Director of UCI Brain Imaging Center, University of California, Irvine, CA

APA Product Theaters are for informational and promotional purposes only, and do not offer CME credit. The information presented is provided by the supporting companies and does not represent any endorsement by the American Psychiatric Association of any company or product.

MONDAY, MAY 16

7:30-8:00 AM
Sponsored by Pfizer, Inc.

Improving Functional Outcomes and Addressing Treatment Concerns in MDD: A Discussion of the Evidence During a Meet-the-Expert Session

Presenter:
Claudio N. Soares, M.D., Ph.D., FRCPC,
Professor, Department of Psychiatry and Behavioral Neurosciences & Department of Obstetrics and Gynecology Academic Head, Mood Disorders Division; Director, Women's Health Concerns Clinic, McMaster University, Ontario, Canada

11:30 AM-12:30 PM
Supported by Sunovion Pharmaceuticals, Inc.

A New Atypical Antipsychotic Agent for the Treatment of Schizophrenia

Presenter:
Leslie Citrome, M.D., M.P.H., FAPA,
Director of the Clinical Research and Evaluation Facility at the Nathan S. Kline Institute for Psychiatric Research in Orangeburg, New York, and Professor of Psychiatry at the New York University, School of Medicine

2:00-2:30 PM
Supported by Merck

Managing Adult Patients with Schizophrenia: Updates on a Treatment Option

Presenter:
Steven G. Potkin, M.D.,
Professor of Psychiatry and Human Behavior, Director of Research Robert R. Sprague Endowed in Brain Imaging and Director of UCI Brain Imaging Center University of California, Irvine, CA

TUESDAY, MAY 17

7:30-8:30 AM
Sponsored by Army Medical Recruiting

So Much More Than an Office-Based Practice

Presenter:
C.J. Diebold, M.D.,
Colonel, U.S. Army Medical Corps,
Chief, Department of Psychiatry,
Tripler Army Medical Center,
Hawaii Psychiatry Consultant
to the Army Surgeon General

11:30 AM-12:30 PM
Sponsored by Forest Pharmaceuticals, Inc.

A New Option for the Treatment of Major Depressive Disorder

Presenter:
Harry A. Croft, M.D.,
Medical Director, San Antonio Psychiatric Research Center, San Antonio, TX

! All product theaters are 30 or 60 minutes in length and are supported promotional presentations. Attendance is limited and on a first-come, first-serve basis. Only registered APA Annual Meeting participants may attend the presentations.

HTA / Ron Garnett

ALPHABETICAL LIST OF EXHIBITORS

EXHIBITORS AS OF APRIL 1, 2011

EXHIBITORS WHO ARE ADVERTISING IN THIS GUIDE APPEAR IN RED TYPE.
REFER TO THE AD INDEX ON PAGE 217 TO LOCATE THEIR AD.

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2ND INTERNATIONAL CONGRESS ON BORDERLINE PERSONALITY DISORDER

CPO Hanser Service GmbH
Paulsborner Street 44
Berlin 14193 Germany
(Booth 1024)

Please visit the 2nd International Congress on Borderline Personality Disorder exhibit for more information about their products and services that will be of interest to you.

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Avenida Santa Fe 1970, First Floor, Office 1
Buenos Aires C1123AA0 Argentina
(Booth 1025)

Please visit the 15th World Congress of Psychiatry exhibit for more information about their products and services that will be of interest to you.

24TH ECNP CONGRESS - EUROPEAN COLLEGE OF NEUROPSYCHOPHARMACOLOGY

P.O. Box 85410
3508 AK Utrecht
The Netherlands
(Booth 1022)

The 24th ECNP Congress will be held September 3-7, 2011, in Paris, France. Please visit the ECNP Congress exhibit for more information about this meeting.

A

ACCESS DIAGNOSTICS

88 Stiles Road, Suite 103
Salem, NH 03079
(Booth 1425)

Access Diagnostics provides state-of-the-art drug safety programs for behavioral health and addiction professionals. Through our partner laboratories, we offer a full array of drug screening and confirmation lab services in both urine and oral fluid formats. Our consultant network helps medical professionals provide patient safety, limit liability, and stay compliant with government agencies.

ADULT MENTAL HEALTH DIVISION, DEPARTMENT OF HEALTH

1250 Punchbowl Street, #256
Honolulu, HI 96813
(Booth 1606)

The Adult Mental Health Division welcomes APA meeting participants to Hawaii. For more information about public mental health services in this state, please visit our booth.

ALCOHOLICS ANONYMOUS

475 Riverside Drive, 11th Floor
New York, NY 10115
(Booth 611)

Alcoholics Anonymous is a fellowship of men and women who have found a solution to their drinking problem. The only requirement for membership is a desire to stop drinking. There are no dues or fees; A.A. is supported by voluntary contributions of its members, neither seeking, nor accepting outside funding. Our members observe personal anonymity at the public level.

ALKERMES, INC.

852 Winter Street
Waltham, MA 02451
(Booth 1419)

Alkermes, Inc., is a fully integrated biotechnology company that uses proprietary technologies and know-how to create innovative medicines designed to yield better therapeutic outcomes for patients with serious diseases, including central nervous system disorders, addiction and diabetes. For more information about Alkermes, please visit: www.alkermes.com.

AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY, INC.

2150 East Lake Cook Road, Suite 900
Buffalo Grove, IL 60089
(Booth 934)

The American Board of Psychiatry and Neurology (ABPN) serves the public interest and the professions of psychiatry and neurology by promoting excellence in practice through certification, and maintenance of certification processes for psychiatry, addiction psychiatry, child and adolescent psychiatry, forensic psychiatry, geriatric psychiatry, hospice and palliative medicine, pain medicine, psychosomatic medicine, and sleep medicine. Please visit the ABPN booth for answers to your questions.

THE AMERICAN COLLEGE OF PSYCHIATRISTS

122 South Michigan Avenue, Suite 1360
Chicago, IL 60603
(Booth 932)

The American College of Psychiatrists is an honorary psychiatric association. The College develops, and administers PRITE (for psychiatry residents) and PIPE, an online preparatory tool for recertification that also fulfills ABPN's self-assessment requirement.

AMERICAN PHYSICIAN INSTITUTE FOR ADVANCED PROFESSIONAL STUDIES

125 Windsor Drive, Suite 111
Oak Brook, IL 60523
(Booth 615)

The American Physician Institute provides comprehensive, guaranteed board preparation, and medical education courses.

For free study materials and for complete course listings and information, visit our website: www.AmericanPhysician.com.

AMERICAN PROFESSIONAL AGENCY, INC.

95 Broadway
Amityville, NY 11701
(Booth 1621)

American Professional Agency, Inc., is the ONLY American Psychiatric Association endorsed medical professional liability insurance program for psychiatrists. APA, Inc., is also sponsored by AACAP and NASW. As a program administrator, we are the largest provider of psychiatric medical malpractice and mental health professional liability insurance and rank in the top 100 insurance brokerages in the country. We have been insuring doctors for over 30 years.

ANGELINI LABOPHARM

202 Carnegie Center, Suite 107
Princeton, NJ 08540
(Booth 403)

Angelini Labopharm, LLC, is a joint venture between Gruppo Angelini and Labopharm, Inc. Angelini Labopharm is a specialty pharmaceutical company focused on commercializing medicines in the U.S to optimize patient care, specializing in the CNS therapeutic area.

APA LIFELONG LEARNING IN PSYCHIATRY

American Psychiatric Association
1000 Wilson Boulevard, Suite 1825
Arlington, VA 22208
(Booth 938)

The American Psychiatric Association (APA) develops educational programs and materials for psychiatrists. The APA FOCUS program provides tools for Lifelong Learning and CME, Self-Assessment approved for ABPN's Maintenance of Certification (MOC) part 2, and Performance in Practice approved for MOC part 4. Please visit the APA Lifelong Learning in Psychiatry™ booth to learn about the FOCUS program and about products developed by APA to assist psychiatrists with lifelong learning and MOC.

ARMY MEDICAL RECRUITING

Munoz Building, Ninth Calvary Regiment Avenue
Fort Knox, KY 40121
(Booth 1603)

The U.S. Army Medical Corps has a variety of dynamic opportunities available for talented doctors to serve their country. Visit the Army Medical Corps booth to learn more about full-time positions in the Army or part-time positions in the Army Reserves.

ARMY NATIONAL GUARD

1411 Jefferson Davis Highway
Arlington, VA 22202
(Booth 724)

As a division of the Army National Guard, AMEDD provides information on the unique opportunities for medical professionals to continue to serve their community and country by joining one of the largest health care networks in the world. Receive tangible benefits for serving in defense of your country while taking your career to a new level.

ASSOCIATION OF GAY AND LESBIAN PSYCHIATRISTS

4514 Chester Avenue
Philadelphia, PA 19143
(Booth 1033)

The Association of Gay and Lesbian Psychiatrists (AGLP) is a professional organization of psychiatrists, psychiatrists in training, and other mental health professionals, which serves as a voice for the concerns of lesbian, gay, bisexual, and transgendered (LBT) people within the psychiatric community. The Association is committed to fostering a more accurate understanding of sexual orientation and gender identity, opposing discriminatory practices against LGBT people, and promoting supportive, well informed mental health treatment for LGBT patients. The organization provides opportunities for affiliation and collaboration among people who share these concerns. Please visit the AGLP exhibit booth #1033 to learn more about our mission, advocacy and membership opportunities.

ASSURERX HEALTH

7264 Columbia Road, Suite 600
Mason, OH 45039
(Booth 843)

AssureRx Health, Inc., is a personalized medicine company that specializes in pharmacogenetics and is dedicated to helping physicians determine the right drug at the right dose for individual patients suffering from medical conditions. The proprietary technology is based on pharmacogenetics–the study of the genetic factors that influence an individual's response to drug treatments–as well as evidence-based medicine and clinical pharmacology. The result is an easy-to-read report that can help doctors select the right drug, at the right dose, right now. The company was founded in 2006 to commercialize industry-leading personalized medicine technology. Cincinnati Children's Hospital Medical Center and Mayo Clinic are equity holders and technology collaborators.

ASTRAZENECA PHARMACEUTICALS

P.O. Box 15437
Wilmington, DE 19850
(Booth 711)

AstraZeneca is a global, innovation-driven biopharmaceutical business with a primary focus on the discovery, development, and commercialization of prescription medicines for gastrointestinal, cardiovascular, neuroscience, respiratory and inflammation, oncology, and infectious disease. AstraZeneca operates in over 100 countries and its innovative medicines are used by millions of patients worldwide. For more information visit: www.astrazeneca-us.com.

AUDIO DIGEST FOUNDATION

1577 East Chevy Chase Drive
Glendale, CA 91206
(Booth 1420)

Audio-Digest Psychiatry keeps you up-to-date on the latest advances in clinical practice and research in the field of psychiatry. Published by Audio-Digest Foundation–the gold standard in audio CME–*Audio-Digest Psychiatry* brings you the most compelling lectures from some of the year's most prestigious meetings in psychiatry. Learn at your own pace and at your convenience (e.g., during your commute), and earn up to 2 CME/CE credits per program.

AVANIR PHARMACEUTICALS, INC.
101 Enterprise, Suite 300
Aliso Viejo, CA 92656
(Booth 309)

Avanir Pharmaceuticals is focused on bringing innovative medicines to patients with CNS disorders of high, unmet medical need. Avanir recently launched NUEDEXTA™, the first FDA-approved treatment for pseudobulbar affect (PBA). PBA is characterized by involuntary, sudden, and frequent episodes of laughing and/or crying. PBA occurs in approximately 10% to 20% of patients with certain neurologic diseases or injuries including MS, ALS, stroke, traumatic brain injury, and Alzheimer's/dementia. Further information about NUEDEXTA and pseudobulbar affect can be found at: www.NUEDEXTA.com.

B

BIOMED CENTRAL, LTD.
236 Gray's Inn Road, Floor 6
London, UK , WC1X 8HB
(Booth 1225)

BioMed Central, Ltd. (www.biomedcentral.com), is the open access publisher committed to the free widespread dissemination of scientific research. BioMed Central publishes over 200 peer-reviewed open access journals, including Annals of General Psychiatry, BMC Psychiatry and Child and Adolescent Psychiatry. Visit the BioMed Central booth #1225 to learn more about our psychiatry journals, and the benefits of open access publishing.

BRISTOL-MYERS SQUIBB/ OTSUKA AMERICA PHARMACEUTICAL, INC.
777 Scudders Mill Road
Plainsboro, NJ 08536
(Booth 1039)

Bristol-Myers Squibb and Otsuka America Pharmaceutical, Inc., welcomes you to Honolulu. We invite you to visit our exhibit and learn of the products and services that Bristol-Myers Squibb and Otsuka America Pharmaceutical, Inc., have to offer to your specialty.

C

CAMBRIDGE UNIVERSITY PRESS
32 Avenue of the Americas
New York, NY 10013
(Booth 1118)

Cambridge University Press is a leading publisher of professional books and journals in psychiatry and mental health. With dozens of new books in the past year, including important new titles and new editions from Stephen Stahl, author of Stahl's Essential Psychopharmacology, Cambridge has cutting-edge material for all mental health professionals. We also are offering free trials to Stahl's Essential Psychopharmacology Online. Please use access code APA2011 to claim your limited-time account at: http://stahlonline.cambridge.org.

CANADIAN CONSORTIUM FOR THE INVESTIGATION OF CANNIBINOIDS
26 Westwood Drive
Point-Claire, Quebec City, Canada H95 4Y5
(Booth 1134)

The Canadian Consortium for the Investigation of Cannibinoids (CCIC) is a nonprofit organization promoting evidence-based research and education concerning the therapeutic uses of cannabinoids. The CCIC works to advance basic/clinical research on the therapeutic applications of cannabinoids, create a networking forum, and inform healthcare providers of cannabinoid research and therapeutic options.

CANNON DESIGNS
2170 Whitehaven Road
Grand Island, NY 14072
(Booth 1618)

Please visit the Cannon Design exhibit for more information about their products and services that will be of interest to you.

CBR YOUTH CONNECT
28071 Highway 109, P.O. Box 681
LaJunta, CO 81050
(Booth 632)

CBR YouthConnect (CBRYC) is a national residential treatment facility that provides mental health services and education to at-risk boys, ages 10 to 21. Located on 340-acres, CBRYC serves youth who have coexisting psychiatric, behavioral, and educational problems that prevent them from successfully functioning at home. CBRYC's mission is to achieve excellence in providing troubled youth with the means to become hopeful and productive citizens.

CHRISTIAN MEDICAL ASSOCIATION, PSYCHIATRY SECTION
2781 Hunting Hill Lane
Decatur, GA 30033
(Booth 835)

The Christian Medical Association is part of the larger Christian Medical and Dental Associations, a 15,000 member organization providing resources, networking, education, and a public voice for Christian healthcare professionals and students. The Psychiatry Section offers a forum for the interface of psychiatric practice and the Christian faith. APA participants are welcome to attend our concurrent programs. Visit www.cmda.org/psychiatry for more information.

CLARITY WAY
544 Iron Ridge Road
Hanover, PA 17331
(Booth 602)

Clarity Way specializes in intensive individualized treatment programs battling all levels of addiction. Providing a healthy and respectful environment, we promote progress through a blending of the most current treatment practices. Clients

participate in 10-15 individual sessions per week, providing the time to identify, and address the underlying psychological causes of addiction and begin the healing process.

CNS RESPONSE
85 Enterprise, Suite 410
Aliso Viejo, CA 92656
(Booth 1331)

CNS Response provides reference data and analytic tools for psychiatrists, clinicians and researchers, using a novel neurometric database called Referenced-EEG® (rEEG). Developed by physicians as a platform to exchange objective, neurophysiology-based data on medication response and outcomes, physicians using rEEG in clinical trials have consistently reduced their use of trial and error pharmacotherapy and improved patient outcomes, thereby helping patients feel well sooner and reducing healthcare costs. To read more about the benefits of this patented technology for patients, physicians and payers, please visit the CNS Response website: www.cnsresponse.com.

CNS VITAL SIGNS
598 Airport Boulevard, Suite 1400
Morrisville, NC 27560
(Booth 939)

CNS Vital Signs is a world leader in the design and development of neurocognitive assessment tools. CNS Vital Signs gives practicing clinicians and researchers assessment platforms that provide the ability to detect subtle cognitive deficits while creating a baseline of cognitive function (measure) and track subtle cognitive changes (monitor).

CURRENT PSYCHIATRY/ QUADRANT HEALTHCOM, INC.
7 Century Drive, Suite 302
Parsippany, NJ 07054
(Booth 613)

Sign up for a complimentary subscription to *Current Psychiatry* and learn more about publication. Edited by Henry A. Nasralliah, M.D., *Current Psychiatry* provides peer-reviewed, up-to-date practical advice by leading authorities emphasizing solutions to commonly seen clinical problems. In just nine years, this publication has become one of the leading journals among psychiatric practitioners. Published as an educational partnership with the University of Cincinnati, Department of Psychiatry, this journal is free to psychiatric practitioners who provide patient care, as well as residents and faculty members (U.S. only). Please visit www.CurrentPsychiatry.com for additional information.

D

DOXIMITY
119 South B Street
San Mateo, CA 994401
(Booth 1638)

Doximity is a free app for iPhone, Android, and is also available online. We are a professional networking app exclusively for verified healthcare professionals. Our database has information on over 567,000 U.S. physicians. We can even show you a map of where your medical school classmates are currently practicing! We feature a HIPAA-compliant text messaging system, a pharmacy locator, and other time-saving tools.

E

ELECTROMEDICAL PRODUCTS INTERNATIONAL, INC.
2201 Garrett Morris Parkway
Mineral Wells, TX 76067
(Booth 1541)

Neuromodulation is used to induce a relaxed, yet alert state. Alpha-Stim® cranial electrotherapy stimulation (CES) technology has been proven safe and efficacious in the treatment of anxiety, insomnia, and depression. Mechanistic and clinical outcome RCTs are consistently robust as presented in the past. See over 55 studies at www.alpha-stim.com and endorsements by colleagues. It is used by the military. There are free loan options and clinical support for psychiatrists to try it. Contact us at: 800-367-7246.

ELI LILLY
839 South Delaware Street
Indianapolis, IN 46225
(Booth 701)

Lilly, a leading innovation-driven corporation is developing a growing portfolio of pharmaceutical products by applying the latest research from its own worldwide laboratories and from collaborations with eminent scientific organizations. Headquartered in Indianapolis, IN, Lilly provides answers–through medicines and information–for some of the world's most urgent medical needs.

ELSEVIER
1600 John F. Kennedy Boulevard, Suite 1800
Philadelphia, PA 19103
(Booth 1224)

Please visit the Elsevier exhibit for more information about their products and services that will be of interest to you.

EMPATHIC CLINICAL SUITES, LLC
700 Twelve Oaks Center Drive, Suite 204
Wayzata, MN 55391
(Booth 1624)

Empathic Clinical Suites is a technology leader delivering a web based, integrated practice management system for behavior health professionals. Our practice management system integrates clinical notes and electronic billing into one seamless system supported by artificial intelligence to support the professional's productivity and quality of service.

EPOCRATES, INC.
1100 Park Place, Suite 300
San Mateo, CA 94403
(Booth 1522)

Epocrates is a leading provider of clinical solutions to healthcare professionals and interactive services to the

healthcare industry. Most commonly used on mobile devices at the point of care, our products help healthcare professionals make more informed prescribing decisions, enhance patient safety, and improve practice productivity. Our user network consists of over one million healthcare professionals, including over 300,000, or over 43% of U.S. physicians.

F

FOREFRONT BEHAVIORAL TELECARE, INC.

2200 Powell Street, Suite 840
Emeryville, CA 94608
(Booth 604)

Forefront TeleCare provides video conferencing equipment to rural skilled nursing facilities, federally qualified health centers, and rural health clinics, and recruits behavioral health providers to meet the needs of their patients. Forefront is attempting to address the maldistribution of behavioral specialists in rural and inner city populations through telehealth.

FOREST PHARMACEUTICALS, INC.

13600 Shoreline Drive
St. Louis, MO 63045
(Booth 631)

Forest Pharmaceuticals, Inc. welcomes you to Hawaii! We invite you to visit our exhibit. Please visit our website at: www.frx.com.

G

GBH COMMUNICATIONS, INC.

1309 South Myrtle Avenue
Monrovia, CA 91016
(Booth 606)

Please visit the GBH Communications, Inc., exhibit for more information about their products and services that will be of interest to you.

GLOBAL INITIATIVE ON PSYCHIATRY

P.O. Box 1282, 1200 BG Hilversum
The Netherlands
(Booth 1019)

Please visit the Global Initiative on Psychiatry exhibit for more information about their products and services that will be of interest to you.

GLOBAL MEDICAL STAFFING

2450 East Fort Union Boulevard
Salt Lake City 84121
(Booth 1602)

Global Medical is the single best resource for doctors looking for locum tenens assignments in the U.S., Australia, New Zealand, and beyond. Thousands of doctors have chosen us for their life-enriching experience. Every day, we make great matches with carefully-screened doctors and facilities, and our attentive support continues throughout every last assignment. Your adventure starts here. To learn more, call: 800-760-3174 or visit: www.gmedical.com.

GUILFORD PUBLICATIONS

72 Spring Street
New York, NY 10012
(Booth 1218)

New titles from Guilford Publications include: Wachtel, Therapeutic Communication, 2e; Weiss, Integrated Group Therapy for Bipolar Disorder; Solanto, Cognitive-Behavioral Therapy for Adult ADHD; Solomon, Disorganized Attachment and Caregiving; Osofsky, Clinical Work with Traumatized Young Children; and Beck, Schizophrenia: Cognitive Theory, Research, and Therapy, which is new in paper.

H

H&T MEDICAL SOLUTIONS, LLC

43155 Main Street, Suite 312C
Novi, MI 48375
(Booth 1513)

MentalNote… Online! The psychiatrist's documentation software has now expanded to an electronic medical record. Whether on the road, in the office, in the hospital, on the internet, or even away from an internet connection, your records follow you. Unique syncing capability and fast electronic prescribing allow you to practice psychiatry your way, and the computer actually helps! Visit booth #1513 to learn more and sign up for early-bird offers.

HOGREFE PUBLISHING

875 Massachusetts Avenue, 7th Floor
Cambridge, MA 02139
(Booth 1319)

The Hogrefe group has been publishing books, journals, and assessment tools in the fields of psychiatry and mental health for over 75 years. Come by our booth to see the latest edition of our hugely popular Clinical Handbook of Psychotropic Drugs, the most recent additions to our acclaimed series Advances in Psychotherapy: Evidence-Based Practice, as well as other new releases.

HOSPITAL CORPORATION OF AMERICA

2 Maryland Farms, Suite 200
Brentwood, TN 37027
(Booth 1608)

Hospital Corporation of America (HCA) owns and operates 162 healthcare facilities in 20 states with opportunities coast to coast. HCA was one of the nation's first hospital companies. We are committed to the care and improvement of human life. We strive to deliver quality healthcare that meets the needs of the communities we serve.

I

INTERNATIONAL MEDICAL RECRUITMENT

Level 6, West Tower, 608 St. Kilda Road
Melbourne, Victoria, Australia 3004
(Booth 1509)

International Medical Recruitment (IMR) is Australia's largest medical recruitment agency, with over ten years experience in the healthcare industry. We provide a seamless solution for local and international doctors seeking permanent and locum opportunities throughout Australia and New Zealand. IMR's dedicated psychiatry division provides a personalized service to assist doctors with every aspect of the process, from finding the perfect job, to obtaining the appropriate college, medical licensing and immigration approvals. For further information or for a confidential discussion, please call us at +61-3-8506-0185 (international) or 1-800-961-0342 (Toll Free U.S. & Canada), or email: psych@IMRmedical.com.

J

JACKSON & COKER

3000 Old Alabama Road, Suite 119-608
Alpharetta, GA 30022
(Booth 1230)

Jackson & Coker is among the most recognized physician recruitment firms in the nation, providing temporary (locum tenens) and permanent placement services to government and commercial hospitals, clinics, and other medical facilities. Jackson & Coker has the unique distinction of being awarded certification from the National Committee for Quality Assurance (NCQA), and from The Joint Commission as a "Gold Star" Certified Health Care Staffing Service.

JAMA & ARCHIVES JOURNALS

515 North State Street
Chicago, IL 60654
(Booth 1223)

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Titusville, NJ 08560
(Booths 739, 839)

Janssen, Division of Ortho-McNeil-Janssen Pharmaceuticals, Inc., is the only large pharmaceutical company in the U.S. dedicated solely to mental health. Janssen currently markets prescription medications for the treatment of schizophrenia, bipolar mania, and the treatment of symptoms associated with autistic disorder. For more information about Janssen, visit: www.janssen.com.

JOHNS HOPKINS UNIVERSITY PRESS

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Baltimore, MD 21218
(Booth 1424)

Johns Hopkins University Press is a leading publisher of professional and scholarly books and journals dealing with psychiatry and related disciplines. Our recently published titles include: Trouble in Mind, Narrative Psychiatry, Shrink Rap, and Bodies Under Siege, 3rd ed. Visit us at: www.press.jhu.edu.

K

KAHI MOHALA BEHAVIORAL HEALTH

91-2301 Old Fort Weaver Road
Eiva Beach, HI 96706
(Booth 1133)

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L

LA LETTRE DU PSYCHIATRE

2, Rue Sainte Marie
Courbevoie, Cedex, 92418 France
(Booth 601)

La Lettre du Neurologue is a monthly magazine, specializing in neurology, which the editor in chief is Professor Thibault Moreau. The publication is issued on the 10th of each month (except in July and August). The readership is composed of neurologists, hospital workers, neurosurgeons, electroencephalographists, and rheumatologists.

LIPPINCOTT WILLIAMS & WILKINS/WOLTERS - KLUWER HEALTH

Two Commerce Square
2001 Market Street
Philadelphia, PA 19103
(Booth 1318)

Lippincott Williams & Wilkins, a Wolters - Kluwer Health company, is a leading international publisher of medical books, journals, and electronic media. We proudly offer specialized publications and software for physicians, nurses, students, and clinicians. Please visit our booth #1318 to browse our comprehensive product line.

LOCUMTENENS.COM

2655 Northwinds Parkway
Alpharetta, GA 30009
(Booth 628)

LocumTenens.com is a full-service agency providing temporary placement services for psychiatrists nationwide. We offer excellent compensation, paid malpractice insurance, and the freedom and flexibility to decide when, where, and how often you want to work. To speak with a recruiter, call us at: 800 562-8663. Visit our website at: www.LocumTenens.com and check out our career resource center and free job board.

M

MAGVENTURE, INC.

303 Perimeter Center North, Suite 300
Atlanta, GA 30346
(Booth 1038)

MagVenture is the manufacturer of MagPro non-invasive magnetic stimulators, used in clinical neurodiagnostics and approved psychiatric/medical research. Further information is available at: www.magventure.com.

MAXIM PHYSICIAN RESOURCES

5001 LBJ Freeway, Suite 900
Dallas, TX 75244
(Booth 1604)

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MAYO CLINIC

200 First Street, SW
Rochester, MN 55905
(Booth 933)

Mayo Clinic's Department of Psychiatry and Psychology in Minnesota offers inpatient, residential, and outpatient treatment options for children, adolescents, and adults. Patients benefit from nationally recognized services, including programs for mood disorders, addictions, pain, eating disorders, and comorbid medical-psychiatric disorders. Our programs integrate clinical, research, and educational missions. Please stop by our booth for information on our programs, CME courses, and to discuss cases.

MCLEAN HOSPITAL

115 Mill Street
Belmont, MA 02478
(Booth 1432)

Celebrating its 200th year, McLean Hospital is an international center for psychiatric treatment, teaching, and research. McLean offers state-of-the-art diagnostic and treatment services across a full continuum that includes inpatient, residential, partial hospital, and outpatient services. McLean also offers an expanded array of specialized academic programs for children and adolescents, as well as dedicated services for older adults with Alzheimer's and other dementias. McLean houses the largest research program of any private psychiatric hospital in the world. As a major teaching affiliate of Harvard Medical School, McLean continues to educate the best and brightest mental health providers.

MECTA CORPORATION

19799 SW 95th Avenue, Suite B
Tualatin, OR 97062
(Booth 700)

Since 1973, MECTA has set the standard for unparalleled innovation based on research throughout four generations of electroconvulsive therapy (ECT) devices used for the treatment of depression. Features include an optimum 0.3 ms ultrabrief pulsewidth, including easy-to-use titration methodology to reduce cognitive side effects, and RMSManager ECT database. Stop by Booth #700 to learn more! MECTA-ECT Evidence Based Technology!

MEDICAL DOCTOR ASSOCIATES

145 Technology Parkway, NW
Norcross, GA 30092
(Booth 1330)

Medical Doctor Associates (MDA), the quality leader in medical staffing has over 21 years of experience. MDA is the largest multi-specialty locum tenens organization that offers occurrence from insurance, direct deposit, and nationwide opportunities for the physicians and allied health staff. Please visit us at: www.mdainc.com.

MEDNET TECHNOLOGIES, INC.

1975 Linden Bouelvard, Suite 407
Elmont, NY 11003
(Booth 1334)

MedNet Technologies, Inc., designs, hosts, and manages websites for medical practices, hospitals, and other healthcare organizations. Clients range in size from small medical offices to teaching hospitals to medical societies. Developing and optimizing your web presence on the internet is our goal.

THE MENNINGER CLINIC

2801 Gessner Drive
Houston, TX 77280
(Booth 726)

The Menninger Clinic, located in Houston is a specialty psychiatric hospital for assessment and treatment of adolescents and adults with difficult-to-treat brain and behavioral disorders; as well as co-occurring conditions. Treatment integrates evidence-based and biopsychosocial therapies with rehabilitation. Addictions treatment occurs simultaneously with psychiatric treatment. Menninger also trains mental health professionals, conducts collaborative research, and is affiliated with Baylor College of Medicine.

MERCK & CO.

One Merck Drive
Whitehouse Station, NJ 08889
(Booth 508)

Today's Merck is helping the world be well. Through our medicines, vaccines, biological therapies, and consumer and animal products, we work with customers and operate in more than 140 countries to deliver innovative health solutions. Merck. Be Well. For more information, visit: www.Merck.com.

N

NARSAD/NARSAD ARTWORKS

761 West Lambert Road
Brea, CA 92821
(Booth 1035)

NARSAD raises and distributes funds for scientific research into the causes, cures, treatments, and prevention of severe mental illnesses. NARSAD Artworks solicits art created by artists with mental illness and incorporates it into products such as note and holiday cards. NARSAD Artworks is the country's clearinghouse for such art.

NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS

12000 Findley Road, Suite 100
Johns Creek, GA 30097
(Booth 1034)

Please visit the National Commission on Certification of Physician Assistants exhibit for more information about their products and services that will be of interest to you.

NATIONAL INSTITUTE OF MENTAL HEALTH

6001 Executive Boulevard, Room 8184, MSC 9663
Bethesda, MD 20892
(Booth 1130)

The National Institute of Mental Health (NIMH), a component of the National Institutes of Health, Department of Health & Human Services, conducts and supports research on mental health and mental disorders. NIMH offers many publications, at no cost, to help people with mental disorders, health care practitioners, researchers, and the general public gains a better understanding of mental illnesses and NIMH research programs. Some materials are available in Spanish.

NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM

2107 Wilson Boulevard, Suite 1000
Arlington, VA 22201
(Booth 832)

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) exhibit highlights the importance of alcohol research, prevention and treatment for maintaining the health of the individual, the family, and the nation. The NIAAA exhibit features publications appropriate for the public, research findings for professionals and for policymakers, and research grant opportunities available for biomedical and social science researchers. A direct link to NIAAA's website will be available at this exhibit. Please visit: www.NIAAA.NIH.gov.

NATIONAL INSTITUTE ON DRUG ABUSE

6001 Executive Boulevard, Suite 5213
Bethesda, MD 20892
(Booth 1030)

The National Institute on Drug Abuse (NIDA) is a federal agency charged with supporting research on the causes, prevention, and treatment of all aspects of drug abuse including AIDS. The results of the NIDA-funded research offer this country's best hope for solving the medical, social, and public health problems of drug abuse and addiction. Publications and research opportunities supporting these efforts will be made available. For more information, go to: www.drugabuse.gov.

NEURONETICS, INC.

31 General Warren Boulevard
Malvern, PA 19355
(Booth 1339)

Neuronetics' Transcranial Magnetic Stimulation (TMS) Therapy system continues to be a fast-growing non-invasive, non-systemic form of neuromodulation. TMS is included in the 2010 APA Practice Guidelines. CPT 1 Codes are now issued. Visit booth #1339 for a one-on-one demonstration, product information, and to find out how it can benefit your patients and your practice. Contact us at: www.NeuroStar.com or call: 877-600-7555 for more information.

NEUROSCIENCE EDUCATION INSTITUTE

1930 Palomar Point Way, Suite 101
Carlsbad, CA 92008
(Booth 1124)

The Neuroscience Education Institute (NEI), founded by award-winning author and psychiatrist Dr. Stephen M. Stahl, provides interactive learning to mental health clinicians worldwide. Through NEI's fast-growing Global Psychopharmacology Congress and its web-based CME activities, NEI simplifies complex concepts for U.S. and international clinicians. Visit our booth to discuss the online resources available to NEI members. NEI offers a free, 30-day membership trial, available at: www.NEIGlobal.com.

THE NEW YORK TIMES

c/o OTA, 613 South Avenue
Weston, MA 02493
(Booth 1324)

The *New York Times* (NYT) newspaper is the largest metropolitan newspaper in the U.S. The NYT is frequently relied upon as the official and authoritative reference for modern events. Please visit the NYT exhibit for 25% off home delivery and receive a free gift with your subscription.

NEW YORK-PRESBYTERIAN HOSPITAL

333 East 38th Street, 5th Floor Marketing
New York, NY 10016
(Booth 609)

NewYork-Presbyterian Hospital, Department of Psychiatry, is a recognized leader in clinical case, training, and research, and offers a full continuum of expert diagnostic and treatment services for children, adolescents, adults, and the elderly with psychiatric, neuropsychiatric, behavioral, or emotional problems. Accomplished specialists in psychiatry, psychopharmacology, clinical psychology, and neurology provide the highest quality of care that includes the most recent scientific advances and state-of-the-art treatment options.

NORTH SHORE LIJ HEALTH SYSTEM - THE ZUCKER HILLSIDE HOSPITAL

75-59 263rd Street
Glen Oaks, NY 11044
(Booth 505)

The Zucker Hillside Hospital is a 223-bed psychiatric facility known for its pioneering work in diagnosis, treatment, and research of mental illness. The NIMH has established a Clinical Research Center for the Study of Schizophrenia at The Zucker Hillside Hospital. In addition to treatment and research, our facility has an extensive teaching program. Our services include inpatient units, outpatient services, partial hospital and continuing day treatment programs, as well programs for chemical abusers. The Zucker Hillside Hospital offers hope to and help for patients to return to normal lives, including vocational rehabilitation and supportive employment.

NORTHERN LIGHT TECHNOLOGIES

8971 Henri Bourassa West
St. Laurent, Quebec H4S 1P7 Canada
(Booth 605)

Northern Light Technologies produces the Travellite, the 10,000 Lux high-output Satelite Desk Lamp, Flamingo Floor Lamp, Boxelite, ceiling track mounted Showoff and the new Luxor table lamp. Preferred by thousands of healthcare professionals, Northern Light Technologies is the supplier of choice for affordable, versatile, and adjustable bright light sources. Products are UV-clean, flicker-free, and operate on a 110V to 220V current. Call 800-263-0066 or visit us at: www.northernlighttechnologies.com.

NOVARTIS PHARMACEUTICALS

One Health Plaza
East Hanover, NJ 07936
(Booths 1139, 1232)

Novartis Pharmaceuticals Corporation is dedicated to discovering, developing, manufacturing, and marketing prescription drugs that help meet our customer's medical needs and improve their quality of life. For more information, please visit our exhibit.

NPISTANBUL HOSPITAL

Nispetiye Mah. Aytar Cad. Diilek
Levent, Istanbul
(Booth 1231)

Please visit the NPIstanbul Hospital exhibit for more information about their products and services that will be of interest to you.

O

OFFICE OF MEDICAL SERVICES, U.S. DEPARTMENT OF STATE

2401 East Street, NW, Room L218
Washington, DC 20522
(Booth 1503)

The U.S. Department of State, Office of Medical Services offers a unique career in psychiatry in an overseas setting. They are looking for board-certified psychiatrists with at least five years of post-residency clinical experience in adult or child/adolescent psychiatry. The Department of State provides primary psychiatric care and preventative mental health programs to U.S. diplomats and their families worldwide. For more information, visit: www.careers.state.gov.

OMEGABRITE

1050 Winter Street, Suite 1000
Waltham, MA 02451
(Booth 1233)

The mission of OmegaBrite is to develop natural products of the highest purity to promote overall health based on scientific evidence. OmegaBrite, formulated by Carol Locke, M.D., while on the faculty of Harvard Medical School in 1998, created the first high EPA (70%), pharmaceutical-quality Omega-3 (90%) fatty acid supplement from fish oil to promote positive mood, cardiac, and joint health, and overall well being.

OREGON STATE HOSPITAL/ OREGON HEALTH SCIENCES UNIVERSITY

2600 Center Street, NE
Salem, OR 97301
(Booth 1706)

The Oregon State Hospital operates a new state-of-the-art, psychiatric hospital, offering psychiatrists interested in treating adult and geriatric patients the opportunity to work in a cutting-edge facility that incorporates modern architecture, treatment spaces, and technologies. A position at the Oregon State Hospital provides a unique opportunity for stable clinical employment in a vibrant, varied, and rewarding setting. Psychiatrists can have an active affiliation with the Oregon Health Sciences University, which provides opportunities for research, mentoring medical students, and teaching. Oregon is famous for its gorgeous scenery, restaurants, wineries, brewpubs, and recreational opportunities. Oregon is a great place to work and live. Interested? Come by our booth or for more information, email: lila.m.lokey@state.or.us.

OXFORD UNIVERSITY PRESS
198 Madison Avenue
New York, NY 10016
(Booth 1220)

Please visit Oxford University Press where we will be featuring new and classic titles including a new paperback edition of Neurobiology of Mental Illness, 3rd edition by Charney; Psychiatry and Clinical Neuroscience: A Primer by Zorumski; Pediatric Psychopharmacology, by Martin; Autism Spectrum Disorder by Lubertsky, and free journal samples.

P

PAMLAB, LLC
P.O. Box 8950
Mandeville, LA 70470
(Booth 1539)

Deplin® tablets contain 7.5 mg or 15mg of L-methylfolate and is a trimonoamine modulator (TMM) which regulates the synthesis of serotonin, norepinephrine, and dopamine. By normalizing trimonoamines, Deplin® may enhance efficacy in depressed patients when used adjunctively with an antidepressant.

PFIZER, INC.
235 East 42nd Street
New York, NY 10017
(Booth 1429)

At Pfizer, we apply science and our global resources to improve health and well-being at every stage of life. Every day, Pfizer colleagues work across developed and emerging markets to advance wellness, prevention, treatments, and cures that challenge the most feared diseases of our time. Please visit the Pfizer, Inc., exhibit featuring: GEODON® (ziprasidone hydrochloride) and PRISTIQ® (desvenlafaxine extended-release tablets).

PHYSICIANS FOR A NATIONAL HEALTH PROGRAM
29 East Madison, Suite 602
Chicago, IL 60602
(Booth 1132)

Physicians for a National Health Program (PNHP) is a non-profit research and education organization of 18,000 physicians, medical students, and health professionals who support single-payer national health insurance. PNHP performs research published in peer-reviewed journals, coordinates speakers and forums, participates in town hall meetings and debates, and appears regularly on national television and news programs advocating for a single-payer system.

PSYCH PAL
32605 Temecula Parkway, Suite 219
Temecula, CA 92592
(Booth 1335)

PsychPal.com is an electronic medical records tool developed by a board certified psychiatrist for the complete management of a mental health practice. All phases of charting and documenting records are easy, convenient to use for the clinician and staff. Practitioners can also save thousands of dollars compared to other EMR tools without compromising useful features, as it comes complete and ready to use.

PSYCHIATRIC TIMES
535 Connecticut Avenue, Suite 300
Norwalk, CT 06854
(Booth 529)

For over 17 years, *Psychiatric Times* has provided accurate, objective, and unbiased coverage, of the most clinically relevant issues in psychiatry. Each issue features a special report, a collection of several physician-authored articles on a topic of broad interest, as well as an article providing readers the opportunity to earn continuing medical education credits. Read more about these hot topics at: www.PsychiatricTimes.com.

PSYCHIATRISTS ONLY
2970 Clairmont Road, Suite 650
Atlanta, GA 30329
(Booth 1131)

Psychiatrists Only is a physician owned and managed full-service, nationwide locum tenens and psychiatrists' permanent placement agency. Full-service equals hassle-free service to their hospital, clinic, and mental health center clients and to their physicians. Their professional recruitment staff will keep on top of any issues and problems, and they will keep you fully informed during each step of the recruitment process.

THE PSYCHIATRISTS' PROGRAM
1515 Wilson Boulevard, Suite 800
Arlington, VA 22209
(Booth 708)

The Psychiatrists' Program is a full-service medical professional liability insurance program, not just a policy. Safeguard your practice and reputation with a program providing in-house claims services with a proven defense record and proactive psychiatric–specific risk management resources including expert advice on call. We offer responsible premiums to ensure a long-term financially stable program. Discounts include part-time, early career, moonlighting residents, child/adolescent, risk management, and more. Visit us at: www.psychprogram.com.

PSYCHOTHERAPY.NET
150 Shoreline Highway, Suite 1
Mill Valley, CA 94941
(Booth 1418)

Psychotherapy.net is the publisher of top-quality videos, which show masters and specialists working in real client sessions. We also publish a free online magazine featuring essays, stories, interviews, and cartoons related to the field of psychotherapy. Join us online at: www.psychotherapy.net.

Q

QTC MEDICAL SERVICES, INC.
21700 Copley Drive
Diamond Bar, CA 91765
(Booth 1720)

QTC is the largest private provider of outsourced medical and disability examination services in the nation. Built upon a focus of integrating information technology to achieve consistent, efficient, and accurate medical evaluations, our more than 28-year history has been marked by innovative, agency focused services and positive working relationships. To learn more visit: www.QTCM.com.

R

RAPID PSYCHLER PRESS
374-3560 Pine Grove Avenue
Port Huron, MI 48060
(Booth 1125)

Rapid Psychler Press produces textbooks and graphics for use in PowerPoint presentations. Using humor as an educational aid makes new products effective and unique. This year we have a new textbook on medication adherence and new images in our presentation graphics library.

RECKITT BENCKISER PHARMACEUTICALS
10710 Midlothian Turnpike
Richmond, VA 23235
(Booth 501)

Reckitt Benckiser Pharmaceuticals is at the forefront providing educational resources and treatment options to physicians and patients dealing with the chronic relapsing disease of opioid dependence. Please visit their exhibit where Reckitt Benckiser clinical liaisons will be available to discuss the indications and provide scientific information, and answer your questions about a unique treatment option.

REGISTRY OF PHYSICIAN SPECIALISTS
1299 Newell Hill Place, Suite 100
Walnut Creek, CA 94596
(Booth 1507)

The Registry of Physician Specialists is a preferred provider of psychiatric and medical services to correctional facilities within the California Department of Correction and Rehabilitation since 1988. The Registry of Physician Specialists is currently seeking mental health and other medical providers to join and provide services within opportunities nationwide. Please call 800-882-0686 and speak with a Registry of Physician Specialists recruiter for more information.

RIDGE DIAGNOSTICS
12390 El Camino Beal, Suite 170
San Diego, CA 92130
(Booth 623)

Ridge Diagnostics is a neurodiagnostic company offering its proprietary first-in-class blood test for Major Depressive Disorder (MDD) through its CLIA certified laboratory in North Carolina. Based upon its proprietary Human Biomarker Library and its Biomarker Hyper-Map™ technology platform, Ridge Diagnostics researches, develops, and commercializes multi-variant biological maker assays and diagnostic algorithms to diagnose, select and monitor treatment for Major Depressive Disorder (MDD) and other neuropsychiatric disorders.

ROGUE RESOLUTIONS
Sophia House, 28 Cathedral Road
Cardiff, United Kingdom CF11 9LJ
(Booth 1135)

Please visit Rogue Resolutions exhibit for more information about their products and services that will be of interest to you.

ROUTLEDGE
270 Madison Avenue
New York, NY 10016
(Booth 1123)

Routledge publishes an impressive portfolio of professional books, textbooks, and journals on psychiatry and other professional subjects. Visit our booth to browse our selection of titles, such as Scientific Foundations of Clinical Assessment by Stephen N. Haynes, et al., and receive 20% off and free global shipping. Use code DYK80 online at: www.routledgementalhealth.com.

ROUTLEDGE JOURNALS
325 Chestnut Street, Suite 800
Philadelphia, PA 19106
(Booth 1119)

For two centuries, Taylor & Francis has been fully committed to the publication of scholarly information. Under our Routledge imprint, we publish a wide variety of journals in the psychiatric field. Visit the Routledge booth to view our products and to pick-up free sample copies of our journals

S

SHIONOGI, INC.
300 Campus Drive
Florham Park, NJ 07932
(Booth 429)

Shionogi, Inc., is the U.S.-based group company of Shionogi & Co., Ltd., a leading Japanese pharmaceutical company. Shionogi, Inc., develops and commercializes pharmaceutical products that address unmet medical needs. Together with our Japanese corporate parent, Shionogi has been providing innovative medicines essential to people's health for over 130 years.

SHIRE US. INC.
725 Chesterbrook Boulevard
Wayne, PA 19087
(Booth 520)

As one of the world's leading specialty biopharmaceutical companies, Shire has emerged as a company fully focused on a single purpose: to enable people with life-altering conditions to lead better lives. Shire is a global company with offices in the major pharmaceutical markets. Its UK offices are in Basingstoke and its U.S. offices are in Wayne, PA.

SOCIEDAD ESPANOLA DE PATOLOGIA DUAL - II INTERNATIONAL CONGRESS DUAL PATHOLOGY
Londres 17
28028 Madrid, Spain
(Booth 1023)

Organized by the Sociedad Española de Patología Dual, with the patronage of WPA, NIDA, APAL and other major national and international psychiatric associations, the 2nd International Congress on Dual Disorders, will take place in Barcelona, October 5-8, 2011, and will offer professionals dealing with addictions and one or more psychiatric disorders, the opportunity of accessing updated scientific and clinical experience, provided by relevant professors and by peers, who face these discipline daily. We are sharing knowledge, reaching targets. Visit us at: www.cipd2011.com.

SOLVERAS PAYMENT SOLUTIONS

800 Crescent Centre Drive, Suite 400
Franklin, TN 37067
(Booth 621)

Solveras is your electronic payments expert, with complete credit and debit card, eCheck/ACH, and virtual terminal solutions for individual and multi-physician practices. We help you gain efficiency and save money with the right set up for your specific patient payment acceptance needs. Our consultative approach, competitive rates, and real customer service are the reasons we are the APA's member benefit for payment processing.

SOMATICS, LLC

910 Sherwood Drive, Unit 23
Lake Bluff, IL 60044
(Booth 1430)

Somatics LLC manufactures the Thymatron® System IV ECT instrument, now easier than ever to use, featuring the EctoBrain™ Analyzer, Remote Treat Handle, ultra-brief 0.3ms pulsewidth, Automatic Optimal Stimulus Selection at 0.3 and 0.5 ms, 4-channel monitor-printer, Postictal Suppression Index, automatic EEG Seizure Endpoint Detection, digital heart rate printout, and real-time on-screen monitoring via the GENIE™ IV, which also features newly-enhanced patient information software to interface with electronic record keeping systems and hospital networking platforms.

SOMAXON PHARMACEUTICALS, INC.

3570 Carmel Mountain Road, Suite 100
San Diego, CA 92130
(Booth 1439)

Somaxon Pharmaceuticals is a specialty pharmaceutical company focused on the in-licensing, development and commercialization of proprietary products and late-stage product candidates for the treatment of diseases and disorders in the central nervous system therapeutic area. Somaxon's lead product, Silenor, has been approved for the treatment of insomnia characterized by difficulty with sleep maintenance.

STAFF CARE, INC.

5001 Statesman Drive
Irving, TX 75063
(Booth 627)

Staff Care, Inc., is the nation's leader in locum tenens staffing. Our role is to match qualified, independent contractor physicians with healthcare organizations requiring temporary physician services. Locum tenens physicians maintain patient care, referrals, and revenue by covering vacancies due to vacations/CME, staffing shortages, increased census, and other causes. Visit us at: www.StaffCare.com or at: 800-685-2272.

SUNOVION PHARMACEUTICALS, INC.

84 Waterford Drive
Marlborough, MA 01752
(Booths 721, 733)

Sunovion Pharmaceuticals, Inc. (formerly Sepracor, Inc.), is a leading pharmaceutical company dedicated to discovering, developing, and commercializing therapeutic products that advance the science of medicine in the central nervous system and respiratory disease areas to improve the lives of patients and their families. Visit us online at: www.sunovion.com.

T

TEVA BIOLOGICS AND SPECIALTY PRODUCTS

425 Privet Road
Horsham, PA 19044
(Booth 303)

Please visit the TEVA Biologics and Specialty Products exhibit for more information about their products and services that will be of interest to you.

THERAMANAGER, LLC

98 Floral Avenue, Suite 202
New Providence, NJ 07974
(Booth 1616)

TheraManager is an easy-to-use, customizable, integrated all-in-one EMR designed for solo psychiatrists and MH groups of all sizes. The program includes scheduling, electronic billing, e-prescribing, laboratory tests, documents, credit cards, etc. The EMR accepts dictation, handwriting, uses customizable templates and checkbox forms that create instant prose notes. The program will be ONC-ATCB certified in time for the 2011 APA Annual Meeting, and is your compelling 5-Star rated, cost-effective solution.

TOURETTE SYNDROME ASSOCIATION

42-40 Bell Boulevard, Suite 205
Bayside, NY 11361
(Booth 833)

Tourette Syndrome Association (TSA) is the only national, non-profit organization serving individuals affected by TS. TSA disseminates educational materials to professionals in fields of health care, education, and government; and coordinates support services and funds research. Free educational resources on TS, including articles, CDs and DVDs for professionals, families, and patients will be available.

TRUXTUN PSYCHIATRIC MEDICAL GROUP, LP/ GOOD SAMARITAN HOSPITAL

6001 Truxtun Avenue, #160
Bakersfield, CA 93309
(Booth 1423)

The Truxtun Psychiatric Medical Group, L.P. (TPMG) mission is to provide comprehensive mental health services to the citizens of Kern County, CA. In addition to TMS, Truxtun Psychiatric provides a full range of comprehensive services,

to include: psychiatric assessment, medication evaluations, cognitive/behavioral therapy, marriage and family therapy, and a variety of therapy modalities for child, adolescent, adult, and geriatric populations. TPMG has close ties to inpatient programs at Good Samaritan Hospital and is able to provide continuous care from inpatient to outpatient treatment.

U

U.S. ARMY MEDICINE CIVILIAN CORPS

2050 Worth Road, Suite 6
Fort Sam Houston, TX 78234
(Booth 1505)

Vast Opportunities, Exceptional Benefits, Rewarding – Practice your specialty with one of the largest health care networks in the world. The Army Medicine Civilian Corps provides world-class health care at more than 70 facilities throughout the U.S., Europe, and the Pacific. With over 2,500 positions available, come meet our career consultants and explore your opportunities.

U.S. DEPARTMENT OF VETERANS AFFAIRS (HRRO)

1555 Poydras Street, Suite 1971
New Orleans, LA 70112
(Booth 1708)

The Department of Veterans Affairs is focused on recruiting healthcare professionals and students throughout the U.S. to provide the best care for our nation's veterans. Promoting a diverse workforce and offering a wide array of employment benefits, scholarships, and retention initiatives, the VA truly is a leader in our nation's health care industry. Join VA - Best Care - Best Careers.

U.S. NAVY RECRUITING COMMAND

5722 Integrity Drive
Millington, TN 38054
(Booth 1607)

With the U.S. Navy Medical Corps., become a leader within the medical world–with financial assistance available. Learn more at the Navy booth or visit: www.navy.com/healthcare.

U.S. PUBLIC HEALTH SERVICE

1101 Wootton Parkway
Rockville, MD 20852
(Booth 1609)

Please visit the U.S. Public Health Service exhibit for more information about their products and services that will be of interest to you.

UNIVERSITY OF VERMONT, DEPARTMENT OF PSYCHIATRY

One South Prospect Street
Burlington, VT 05401
(Booth 1702)

The University of Vermont, Department of Psychiatry has several full-time psychiatrist faculty positions open. These are clinical and teaching positions in both inpatient and outpatient settings. Burlington is a wonderful place to live with four season outdoor activities and all of the amenities of a big city located within a small city. It is a safe, affordable, and beautiful place to live.

V

VALANT MEDICAL SOLUTIONS

P.O. Box 21405
Seattle, WA 98111
(Booth 704)

The Valant EMR and Practice Management Suite are designed exclusively for psychiatrists. This combines clinical documentation, scheduling, billing, ePrescribing, labs, and reporting into one secure and reliable web-based product.

VISTA STAFFING SOLUTIONS

275 East 200 South
Salt Lake City, UT 84111
(Booth 931)

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W

WILEY - BLACKWELL

350 Main Street
Malden, MA 02148
(Booth 1323)

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WPA INTERNATIONAL CONGRESSES

Opletalova 22
Prague, Czech Republic 11000
(Booth 1021)

We would like to invite you to attend the World Psychiatric Association International Congress (WPAIC) 2012 and the World Psychiatric Association International Congress 2013 meetings: WPAIC 2012, Prague, Czech Republic, October 17-21, 2012, "Focusing on Access, Quality and Human Care" www.wpaic2012.org; and WPAIC 2013, Vienna, Austria, October 27-30, 2013, "Future Psychiatry Challenges and Opportunities", www.wpaic2013.org.

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Why many American Clinicians have sampled and found this worthwhile:

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- Safe outdoors, water and forest based recreation in close proximity within a modern and friendly society.
- Great blend of public and private schooling for kids.

Auckland District Health Board provides a range of specialist and culturally specific support to Auckland's diverse population. Keen to know more? Please contact **Enna Cecilio** at **ennac@adhb.govt.nz**. *Visit*: www.mentalhealthjobs.co.nz and www.kiwihealthjobs.com

The **Dartmouth Medical School Department of Psychiatry** is seeking the following full time faculty positions:

Director of the Sleep Disorders Service: This leadership position oversees the Dartmouth-Hitchcock Sleep Disorder Center's research, clinical care, and teaching program, which includes an accredited Sleep Medicine Fellowship program.

Director of the Addiction Services: This newly created position will oversee and further develop the Department's addiction program, including research, clinical care, and teaching.

Inpatient and Outpatient C/L Psychiatrist: This clinician-educator position involves team-based C/L services to medically ill inpatients, outpatients in general medical clinics, and patients in crisis.

Outpatient Psychiatrist: The position will help develop and provide outpatient psychiatric services in an innovative employee health service.

Inpatient Psychiatrist at New Hampshire Hospital: This clinician-educator position will serve patients at New Hampshire Hospital, a 132-bed acute psychiatric facility located in Concord, NH that is the clinical and research core facility for an innovative, statewide, comprehensive mental health system.

Candidates should be board certified in Psychiatry with appropriate subspecialty certification. Academic rank and salary will be consistent with experience. A letter of interest and CV should be addressed to William C. Torrey MD, Vice Chair for Clinical Services for the Department of Psychiatry and chair of these searches, and sent to Kami Carter at Kami.L.Carter@Dartmouth.edu.

Dartmouth College is an AA/EOE and encourages applications from women and members of minority groups.

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HELP SOMEONE WHO TRULY NEEDS IT.

Remember why you chose Psychiatry? For the chance to help, to comfort and to heal. That's exactly what Wexford Health offers. We're a leading medical provider for correctional facilities and we can help you make a difference every day. After all, that's why you do what you do. And that's why you should choose Wexford Health.

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For more information, please contact **Rebecca Kokos**, Physician Recruitment Consultant at **(803) 831-8770** or email **rkokos@wexfordhealth.com**.

You may also apply online at **http://jobs.wexfordhealth.com**

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Candidates and Employers Connect through the APA Job Bank

at the APA Annual Meeting
May 14-17 in Honolulu, Hawaii
psych.org/jobbank

The APA Job Bank is located in the APA Member Center in the Exhibit Hall of the Hawaii Convention Center.

Hours:
Saturday, May 14
8:00 am - 3:00 pm

Sunday, May 15
8:00 am - 3:00 pm

Monday, May 16
8:00 am - 3:00 pm

Tuesday, May 17
8:00 am - 3:00 pm

- Use the APA Job Bank "Event Connection" tool at psych.org/jobank to set up interviews with a prospective employer or candidate attending the meeting. When you sign up for the "Event Connection" you are eligible to win a $100 gift card.
- Visit the new and improved APA Job Bank portal to search the most comprehensive online listing of psychiatric positions.
- During the meeting ask APA Job Bank representatives for a demonstration of new site Features, get answers to your questions, and submit a new employment announcement.
- Employers-find out how to save 10% on each ad that runs in *Psychiatric News* or *Psychiatric Services* and the Job Bank.

Contact:
Lindsey Fox
Phone: **703-907-7331**
Fax: **703-907-1093**
E-mail: **lfox@psych.org**

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Academic Psychiatrist

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Academic rank at Harvard Medical School will be commensurate with experience, training and achievements.

If interested, please send CV by 6/1/2011 to:

Arthur Barsky, MD
Vice-Chair for Psychiatric Research
Department of Psychiatry
Brigham and Women's Hospital,
75 Francis Street
Boston, MA 02115
abarsky@partners.org

Harvard Medical School and Brigham and Women's Hospital are Affirmative Action/Equal Opportunity Employers. We strongly encourage applications from women and minorities.

Adult Psychiatry – Provo, Utah

Intermountain Healthcare is recruiting 1 BC/BE adult psychiatrist. Call is currently one in seven. Employment with the Intermountain Medical Group. Full Intermountain benefits. Relocation provided. EOE.

Intermountain Healthcare is frequently referenced nationally as one of the leaders in delivering high quality/low cost health care.

Utah County is one of the best places to live in the US with abundant seasonal recreation, great schools and a reasonable cost of living. Provo is a beautiful university community built along the slopes of the majestic Wasatch Mountains. It is a bustling community that provides the advantages of a small-town lifestyle along with the amenities offered in more cosmopolitan areas. Exciting outdoor adventures include hiking, backpacking, sightseeing and skiing.

Send/e-mail/fax CV to Intermountain Healthcare
Attn: Deanna Grange, Physician Recruiting Dept.
36 S. State Street, 21st Floor, Salt Lake City, UT
84111. 800-888-3134 Fax: 801-442-3388
PhysicianRecruit@imail.org
http://physicianjobsintermountain.org

International Member-Get-A-Member Recruitment Campaign

Refer an international colleague for membership and be eligible for free registration to an APA Annual Meeting.

Help increase the APA international community!

Share your APA membership experience and encourage friends and colleagues who are practicing psychiatry internationally to join the APA. Psychiatrists you refer who meet APA requirements for international membership will have their application submitted for a drawing which will be held at the Annual Meeting.

Visit www.psych.org/intlmbr for additional information and requirements.

You and the referred new member will be eligible to win one of the following prizes:

GRAND PRIZE: Free registration for you and the new member to attend an APA Annual Meeting

SECOND PRIZE: Free one year APA membership dues for both winners.

THIRD PRIZE: $100 APPI gift certificate for both winners.

To be eligible for the drawing, have your colleague submit an APA international membership application by May 1st and include a copy of their medical license (in English or certified translation) and their APA membership dues payment.

AMERICAN PSYCHIATRIC ASSOCIATION
BENJAMIN RUSH, M.D.
1844

NUMERICAL LIST OF EXHIBITORS BY BOOTH NUMBER

EXHIBITORS AS OF APRIL 1, 2011

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REFER TO THE AD INDEX ON PAGE 217 TO LOCATE THEIR AD.

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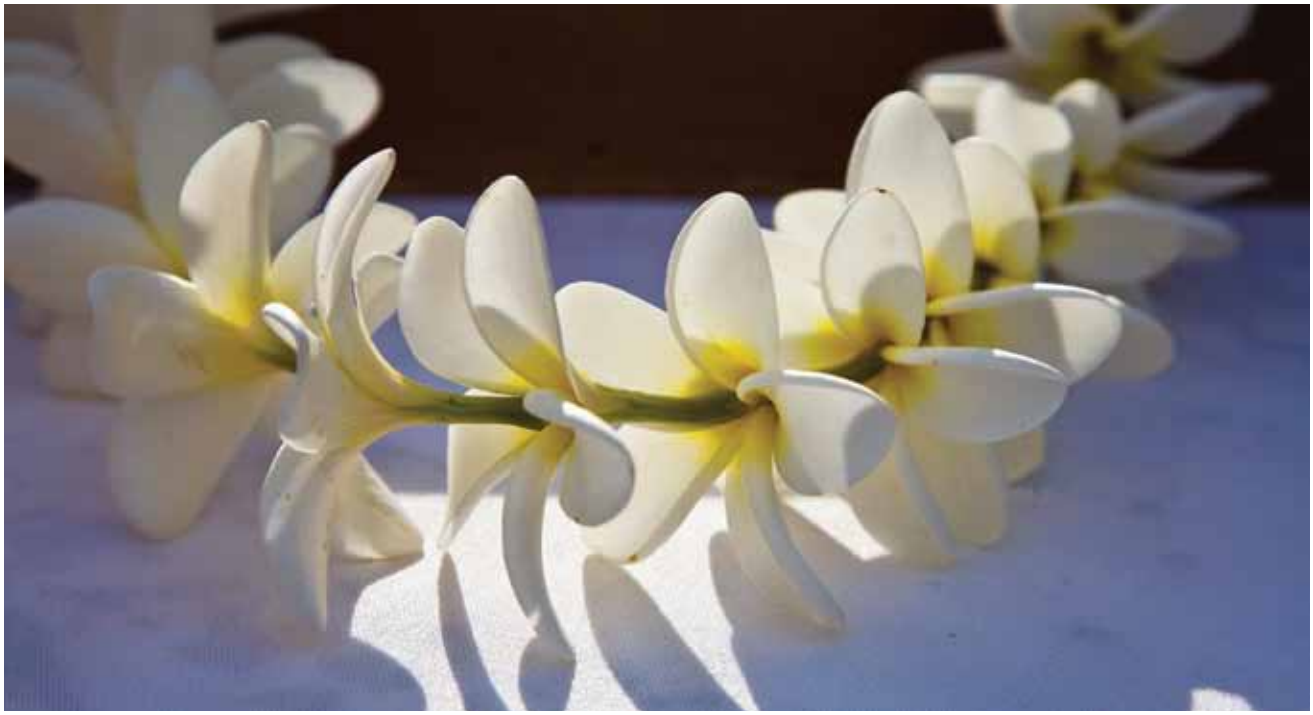

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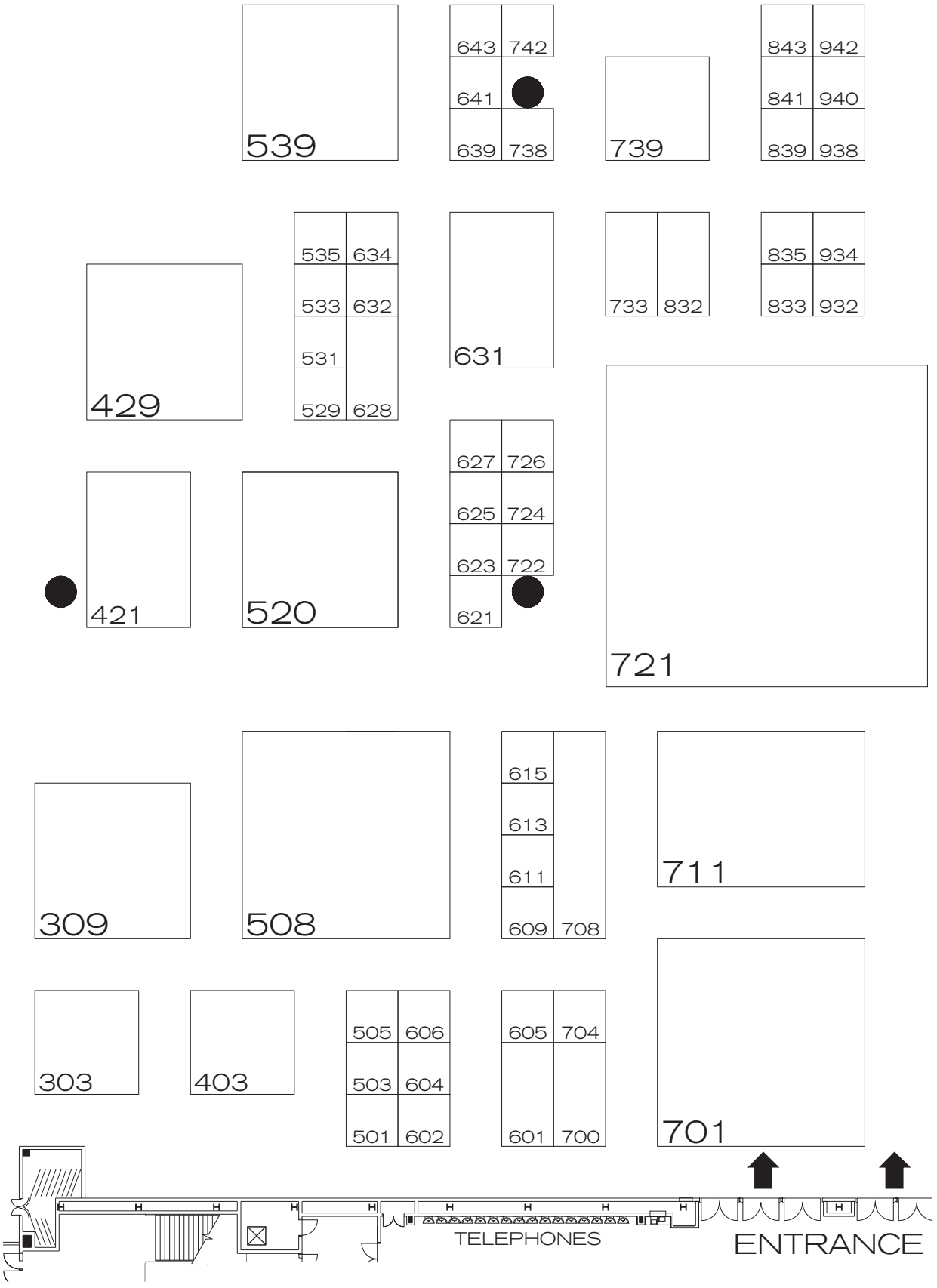
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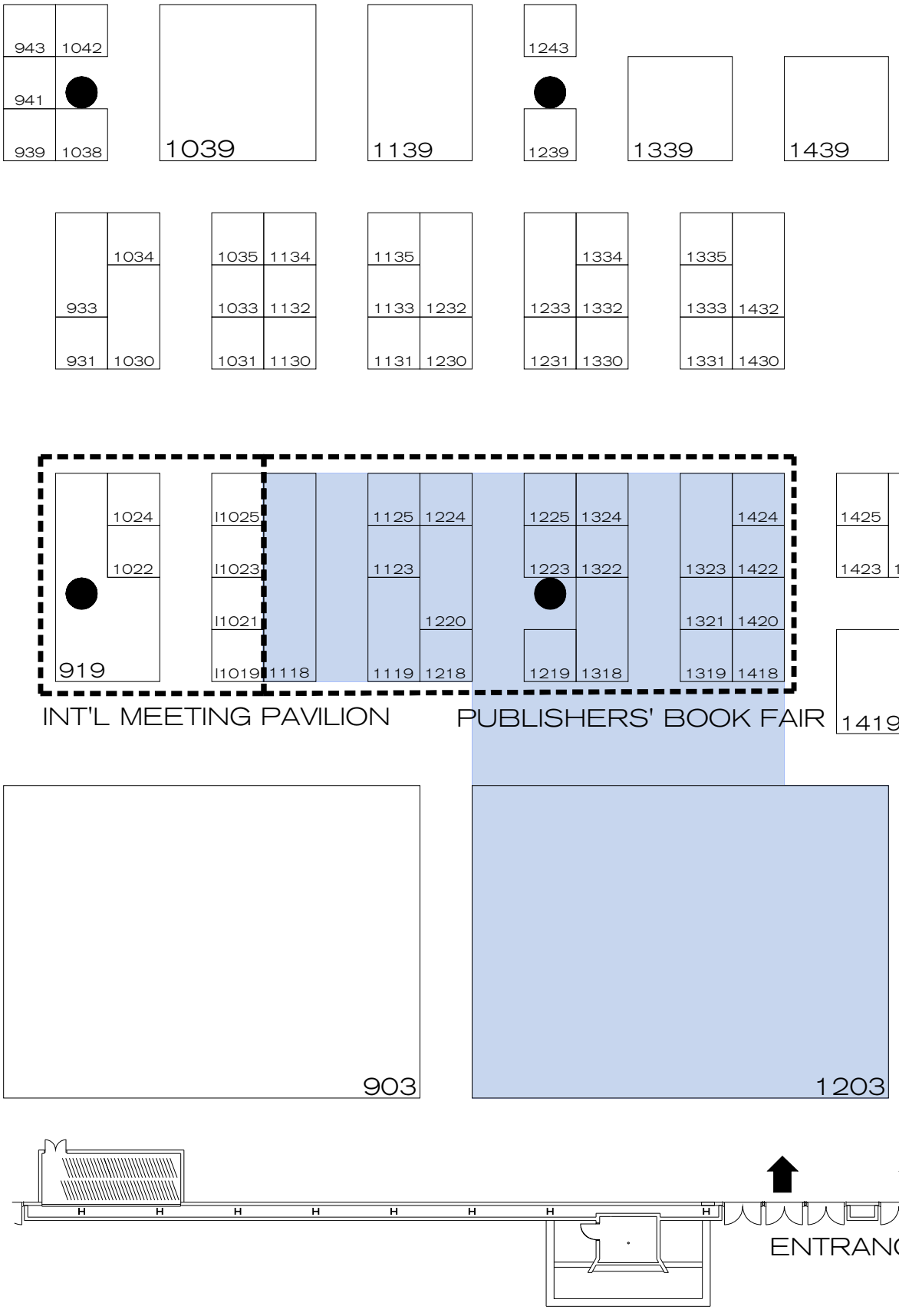
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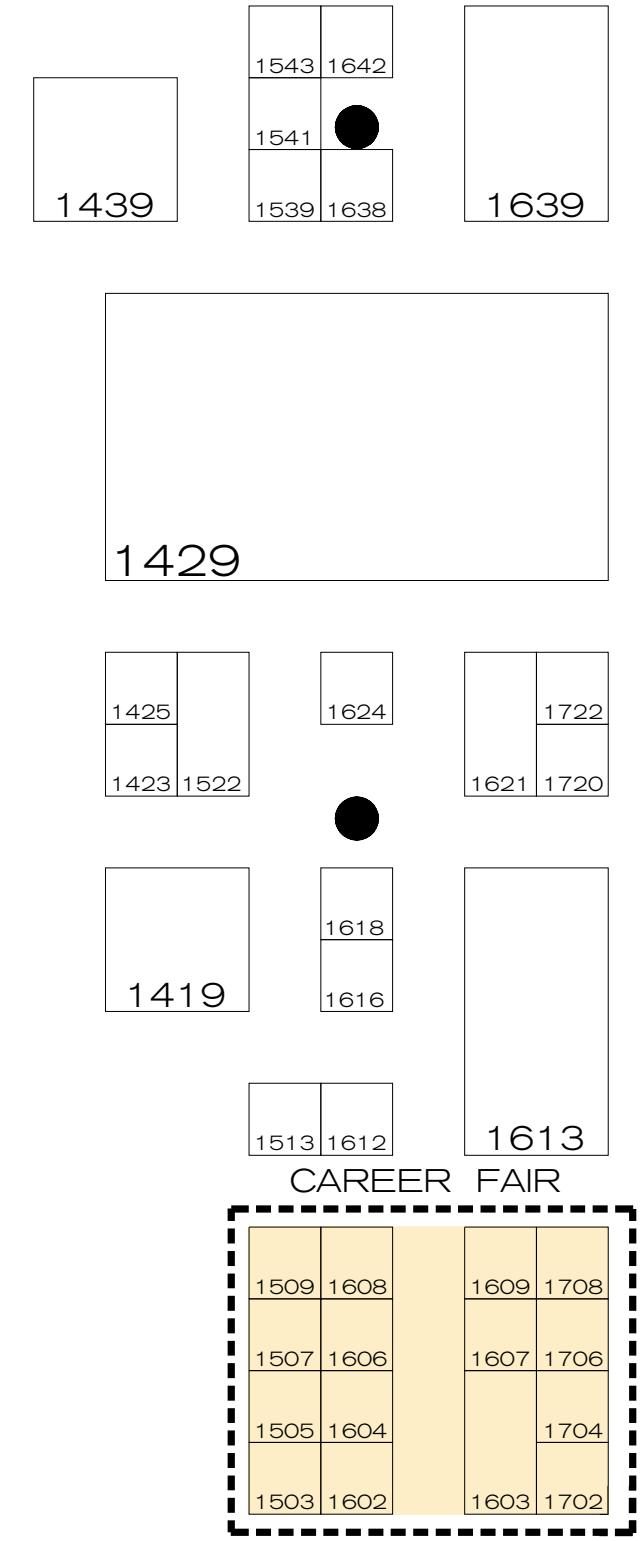

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Join APA at the Annual Meeting and Qualify for a $560 Rebate Towards an APA Membership!

How Do I Qualify?

You may qualify if you:

1. Are a psychiatrist residing in the U.S. or Canada and,
2. Have paid the full-time non-member registration fee for the Annual Meeting ($955 advance, $1,000 on-site).

The rebate for 2011 is $560.

How Do I Apply?

1. Stop by one of the APA Membership Booths either in the Registration area (near the Registrar) or in the APA Member Center in the Exhibit Hall to fill out an APA Membership Application. The Application must be submitted on-site during the meeting at one of these locations.
2. Additional documentation—proof of ACGME-AOA or RCPS(C)—approved psychiatry residency training and a current, valid medical license must be received by APA no later than June 30, 2011.

How Does The Rebate Work?

1. Your local psychiatric district branch must approve the application no later than September 30, 2011
2. The difference between the member and non-member Annual Meeting registration fee will be applied towards your pro-rated 2011 national and local dues. The remaining balance of the rebate amount will be applied toward future years' dues.*

Why Should I Join?

When you join the APA, you become part of a member organization of physicians who specialize in the diagnosis, treatment, and prevention of mental illnesses. The APA unites psychiatrists from around the world and brings together practice, education, and research at all levels. As the largest psychiatric membership organization in the world, we are dedicated to promoting the highest quality care for patients, providing continuing education and research into mental illnesses, and advocating for psychiatrists and their profession.

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More information is available from the APA Membership Department at (888) 357-7924.

**If outstanding dues from previous years are owed, you may be required to pay the outstanding dues separate from the Rebate Program. Some district branches collect dues locally (not through APA) and/or do not participate in dues amnesty. Therefore, it is possible the Rebate Program amount may not be enough to cover the outstanding dues. Please note, in some cases, the Rebate Program amount may not be enough to cover the pro-rated current dues.*

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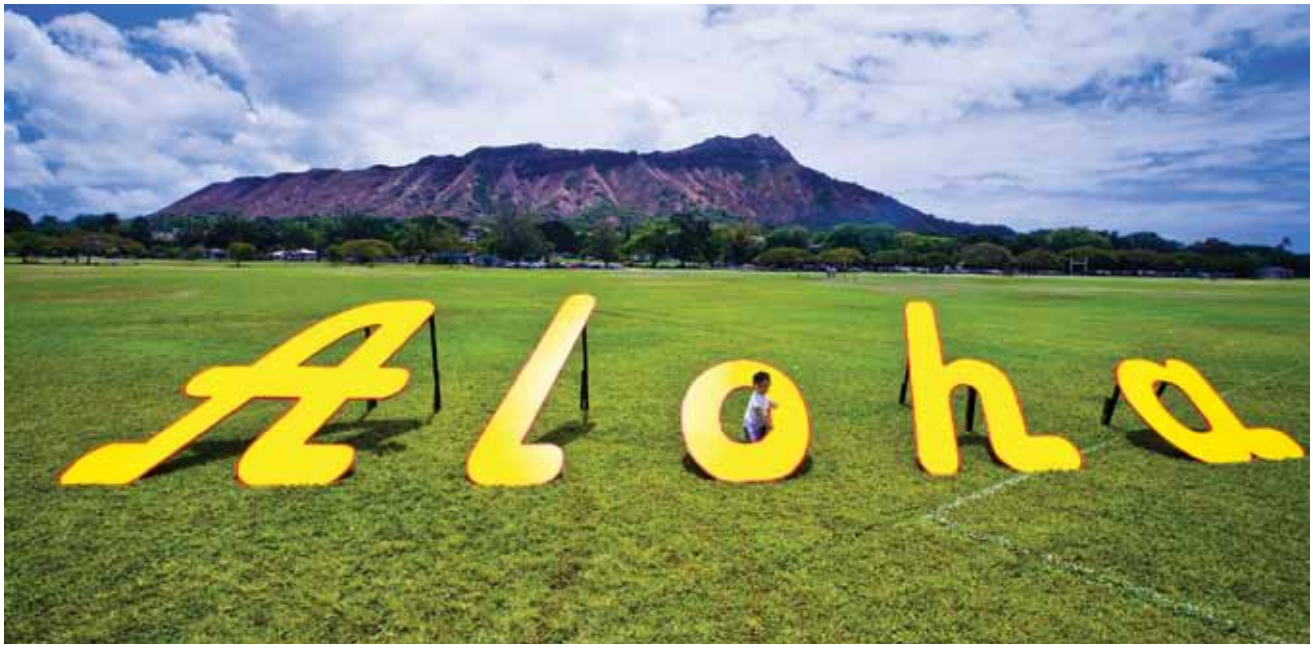

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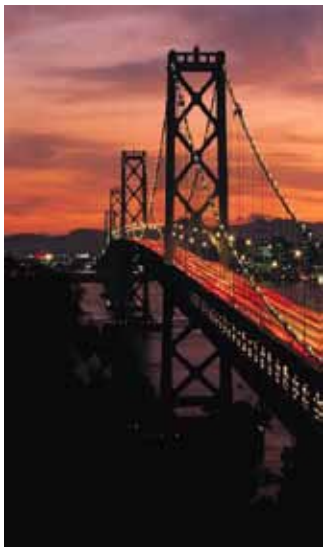
Don't miss the opportunity to meet with colleagues from around the world, expand your educational experience, and prepare for future challenges to your profession as we travel to these great cities...



ANNUAL MEETINGS

2012 May 5-9	Philadelphia, PA
2013 May 18-22	San Francisco, CA
2014 May 3-7	New York, NY

INSTITUTE ON PSYCHIATRIC SERVICES

2011 October 27-30	San Francisco, CA
2012 October 4-7	New York, NY
2013 October 10-13	Philadelphia, PA
2014 Oct 30 – Nov 4	San Francisco, CA

American Psychiatric Association
1000 Wilson Blvd., Suite 1825
Arlington, VA 22209-3901
PH: (703) 907-7300
EM: Program@psych.org
Www.psych.org

voluntarily from a population of uncertain size, it is not always possible to reliably estimate their frequency or establish a causal relationship to drug exposure: *Skin and subcutaneous tissue disorders* – Angioedema. **Adverse Reactions Reported With Other SNRIs**- Although the following are not considered adverse reactions for desvenlafaxine succinate, they are adverse reactions for other SNRIs and may also occur with desvenlafaxine succinate: gastrointestinal bleeding, hallucinations, photosensitivity reactions and severe cutaneous reactions (such as Steven-Johnson Syndrome, toxic epidermal necrolysis, and/or erythemia multiforme). **DRUG INTERACTIONS: Central Nervous System (CNS)-Active Agents-**The risk of using Pristiq in combination with other CNS-active drugs has not been systematically evaluated. Consequently, caution is advised when Pristiq is taken in combination with other CNS-active drugs [*see Warnings and Precautions (5.13)*]. **Monoamine Oxidase Inhibitors (MAOIs)-** Adverse reactions, some of which were serious, have been reported in patients who have recently been discontinued from a monoamine oxidase inhibitor (MAOI) and started on antidepressants with pharmacological properties similar to Pristiq (SNRIs or SSRIs), or who have recently had SNRI or SSRI therapy discontinued prior to initiation of an MAOI [*see Contraindications (4.2)*]. **Serotonergic Drugs-** Based on the mechanism of action of Pristiq and the potential for serotonin syndrome, caution is advised when Pristiq is coadministered with other drugs that may affect the serotonergic neurotransmitter systems [*see Warnings and Precautions (5.2)*]. **Drugs that Interfere with Hemostasis (eg, NSAIDs, Aspirin, and Warfarin)-** Serotonin release by platelets plays an important role in hemostasis. Epidemiological studies of case-control and cohort design have demonstrated an association between use of psychotropic drugs that interfere with serotonin reuptake and the occurrence of upper gastrointestinal bleeding. These studies have also shown that concurrent use of an NSAID or aspirin may potentiate this risk of bleeding. Altered anticoagulant effects, including increased bleeding, have been reported when SSRIs and SNRIs are coadministered with warfarin. Patients receiving warfarin therapy should be carefully monitored when Pristiq is initiated or discontinued. **Ethanol-** A clinical study has shown that desvenlafaxine does not increase the impairment of mental and motor skills caused by ethanol. However, as with all CNS-active drugs, patients should be advised to avoid alcohol consumption while taking Pristiq. **Potential for Other Drugs to Affect Desvenlafaxine-**Inhibitors of CYP3A4 (ketoconazole)- CYP3A4 is a minor pathway for the metabolism of Pristiq. Concomitant use of Pristiq with potent inhibitors of CYP3A4 may result in higher concentrations of Pristiq. Inhibitors of other CYP enzymes- Based on *in vitro* data, drugs that inhibit CYP isozymes 1A1, 1A2, 2A6, 2D6, 2C8, 2C9, 2C19, and 2E1 are not expected to have significant impact on the pharmacokinetic profile of Pristiq. **Potential for Desvenlafaxine to Affect Other Drugs-** Drugs metabolized by CYP2D6 (desipramine)- *In vitro* studies showed minimal inhibitory effect of desvenlafaxine on CYP2D6. Clinical studies have shown that desvenlafaxine does not have a clinically relevant effect on CYP2D6 metabolism at the dose of 100 mg daily. Concomitant use of desvenlafaxine with a drug metabolized by CYP2D6 can result in higher concentrations of that drug. Drugs metabolized by CYP3A4 (midazolam)- *In vitro*, desvenlafaxine does not inhibit or induce the CYP3A4 isozyme. Concomitant use of Pristiq with a drug metabolized by CYP3A4 can result in lower exposures to that drug. Drugs metabolized by CYP1A2, 2A6, 2C8, 2C9 and 2C19- *In vitro*, desvenlafaxine does not inhibit CYP1A2, 2A6, 2C8, 2C9, and 2C19 isozymes and would not be expected to affect the pharmacokinetics of drugs that are metabolized by these CYP isozymes. **P-glycoprotein Transporter-** *In vitro*, desvenlafaxine is not a substrate or an inhibitor for the P-glycoprotein transporter. The pharmacokinetics of Pristiq are unlikely to be affected by drugs that inhibit the P-glycoprotein transporter, and desvenlafaxine is not likely to affect the pharmacokinetics of drugs that are substrates of the P-glycoprotein transporter. **Electroconvulsive Therapy-** There are no clinical data establishing the risks and/or benefits of electroconvulsive therapy combined with Pristiq treatment. **USE IN SPECIFIC POPULATIONS: Pregnancy-** Patients should be advised to notify their physician if they become pregnant or intend to become pregnant during therapy. Teratogenic effects– Pregnancy Category C- There are no adequate and well-controlled studies of Pristiq in pregnant women. Therefore, Pristiq should be used during pregnancy only if the potential benefits justify the potential risks. Non-teratogenic effects- Neonates exposed to SNRIs (Serotonin and Norepinephrine Reuptake Inhibitors), or SSRIs (Selective Serotonin Reuptake Inhibitors), late in the third trimester have developed complications requiring prolonged hospitalization, respiratory support, and tube feeding. Such complications can arise immediately upon delivery. Reported clinical findings have included respiratory distress, cyanosis, apnea, seizures, temperature instability, feeding difficulty, vomiting, hypoglycemia, hypotonia, hypertonia, hyperreflexia, tremor, jitteriness, irritability, and constant crying. These features are consistent with either a direct toxic effect of SSRIs and SNRIs or, possibly, a drug discontinuation syndrome. It should be noted that, in some cases, the clinical picture is consistent with serotonin syndrome [*see Warnings and Precautions (5.2)*]. When treating a pregnant woman with Pristiq during the third trimester, the physician should carefully consider the potential risks and benefits of treatment [*see Dosage and Administration (2.2)*]. **Labor and Delivery-** The effect of Pristiq on labor and delivery in humans is unknown. Pristiq should be used during labor and delivery only if the potential benefits justify the potential risks. **Nursing Mothers-** Desvenlafaxine (O-desmethylvenlafaxine) is excreted in human milk. Because of the potential for serious adverse reactions in nursing infants from Pristiq, a decision should be made whether or not to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother. Only administer Pristiq to breastfeeding women if the expected benefits outweigh any possible risk. **Pediatric Use-** Safety and effectiveness in the pediatric population have not been established [*see Box Warning and Warnings and Precautions (5.1)*]. Anyone considering the use of Pristiq in a child or adolescent must balance the potential risks with the clinical need. **Geriatric Use-** Of the 3,292 patients in clinical studies with Pristiq, 5% were 65 years of age or older. No overall differences in safety or efficacy were observed between these patients and younger patients; however, in the short-term, placebo-controlled studies, there was a higher incidence of systolic orthostatic hypotension in patients ≥65 years of age compared to patients <65 years of age treated with Pristiq [*see Adverse Reactions (6)*]. For elderly patients, possible reduced renal clearance of desvenlafaxine should be considered when determining dose [*see Dosage and Administration (2.2) and Clinical Pharmacology (12.6)*]. If Pristiq is poorly tolerated, every other day dosing can be considered. SSRIs and SNRIs, including Pristiq, have been associated with cases of clinically significant hyponatremia in elderly patients, who may be at greater risk for this adverse event [*see Warnings and Precautions (5.12)*]. Greater sensitivity of some older individuals cannot be ruled out. **Renal Impairment-** In subjects with renal impairment the clearance of Pristiq was decreased. In subjects with severe renal impairment (24-hr CrCl < 30 mL/min) and end-stage renal disease, elimination half-lives were significantly prolonged, increasing exposures to Pristiq; therefore, dosage adjustment is recommended in these patients [*see Dosage and Administration (2.2) and Clinical Pharmacology (12.6) in the full prescribing information*]. **Hepatic Impairment-** The mean $t_{1/2}$ changed from approximately 10 hours in healthy subjects and subjects with mild hepatic impairment to 13 and 14 hours in moderate and severe hepatic impairment, respectively. The recommended dose in patients with hepatic impairment is 50 mg/day. Dose escalation above 100 mg/day is not recommended [*see Clinical Pharmacology (12.6)*].

OVERDOSAGE: Human Experience with Overdosage- There is limited clinical experience with desvenlafaxine succinate overdosage in humans. In premarketing clinical studies, no cases of fatal acute overdose of desvenlafaxine were reported. The adverse reactions reported within 5 days of an overdose > 600 mg that were possibly related to Pristiq included headache, vomiting, agitation, dizziness, nausea, constipation, diarrhea, dry mouth, paresthesia, and tachycardia. Desvenlafaxine (Pristiq) is the major active metabolite of venlafaxine. Overdose experience reported with venlafaxine (the parent drug of Pristiq) is presented below; the identical information can be found in the *Overdosage* section of the venlafaxine package insert. In postmarketing experience, overdose with venlafaxine (the parent drug of Pristiq) has occurred predominantly in combination with alcohol and/or other drugs. The most commonly reported events in overdosage include tachycardia, changes in level of consciousness (ranging from somnolence to coma), mydriasis, seizures, and vomiting. Electrocardiogram changes (eg, prolongation of QT interval, bundle branch block, QRS prolongation), sinus and ventricular tachycardia, bradycardia, hypotension, rhabdomyolysis, vertigo, liver necrosis, serotonin syndrome, and death have been reported. Published retrospective studies report that venlafaxine overdosage may be associated with an increased risk of fatal outcomes compared to that observed with SSRI antidepressant products, but lower than that for tricyclic antidepressants. Epidemiological studies have shown that venlafaxine-treated patients have a higher pre-existing burden of suicide risk factors than SSRI-treated patients. The extent to which the finding of an increased risk of fatal outcomes can be attributed to the toxicity of venlafaxine in overdosage, as opposed to some characteristic(s) of venlafaxine-treated patients, is not clear. Prescriptions for Pristiq should be written for the smallest quantity of tablets consistent with good patient management, in order to reduce the risk of overdose. **Management of Overdosage-** Treatment should consist of those general measures employed in the management of overdosage with any SSRI/SNRI. Ensure an adequate airway, oxygenation, and ventilation. Monitor cardiac rhythm and vital signs. General supportive and symptomatic measures are also recommended. Gastric lavage with a large-bore orogastric tube with appropriate airway protection, if needed, may be indicated if performed soon after ingestion or in symptomatic patients. Activated charcoal should be administered. Induction of emesis is not recommended. Because of the moderate volume of distribution of this drug, forced diuresis, dialysis, hemoperfusion, and exchange transfusion are unlikely to be of benefit. No specific antidotes for desvenlafaxine are known. In managing an overdose, consider the possibility of multiple drug involvement. The physician should consider contacting a poison control center for additional information on the treatment of any overdose. Telephone numbers for certified poison control centers are listed in the Physicians Desk Reference (PDR®).

This brief summary is based on Pristiq Prescribing Information W10529C018, revised December 2010.

Pristiq® desvenlafaxine Extended-Release Tablets

BRIEF SUMMARY. See package insert for full Prescribing Information. For further product information and current package insert, please visit www.wyeth.com or call our medical communications department toll-free at 1-800-934-5556.

WARNING: Suicidality and Antidepressant Drugs

Antidepressants increased the risk compared to placebo of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults in short-term studies of Major Depressive Disorder (MDD) and other psychiatric disorders. Anyone considering the use of Pristiq or any other antidepressant in a child, adolescent, or young adult must balance this risk with the clinical need. Short-term studies did not show an increase in the risk of suicidality with antidepressants compared to placebo in adults beyond age 24; there was a reduction in risk with antidepressants compared to placebo in adults aged 65 and older. Depression and certain other psychiatric disorders are themselves associated with increases in the risk of suicide. Patients of all ages who are started on antidepressant therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with the prescriber. Pristiq is not approved for use in pediatric patients [*see Warnings and Precautions (5.1), Use in Specific Populations (8.4), and Patient Counseling Information (17.1 in the full prescribing information)*].

INDICATIONS AND USAGE: Pristiq, a selective serotonin and norepinephrine reuptake inhibitor (SNRI), is indicated for the treatment of major depressive disorder (MDD).

CONTRAINDICATIONS: Hypersensitivity-Hypersensitivity to desvenlafaxine succinate, venlafaxine hydrochloride or to any excipients in the Pristiq formulation. **Monoamine Oxidase Inhibitors-**Pristiq must not be used concomitantly in patients taking monoamine oxidase inhibitors (MAOIs) or in patients who have taken MAOIs within the preceding 14 days due to the risk of serious, sometimes fatal, drug interactions with SNRI or SSRI treatment or with other serotonergic drugs. Based on the half-life of desvenlafaxine, at least 7 days should be allowed after stopping Pristiq before starting an MAOI [*see Dosage and Administration (2.6) in the full prescribing information*].

WARNINGS AND PRECAUTIONS: Clinical Worsening and Suicide Risk-Patients with major depressive disorder (MDD), both adult and pediatric, may experience worsening of their depression and/or the emergence of suicidal ideation and behavior (suicidality) or unusual changes in behavior, whether or not they are taking antidepressant medications, and this risk may persist until significant remission occurs. Suicide is a known risk of depression and certain other psychiatric disorders, and these disorders themselves are the strongest predictors of suicide. There has been a long-standing concern, however, that antidepressants may have a role in inducing worsening of depression and the emergence of suicidality in certain patients during the early phases of treatment. Pooled analyses of short-term placebo-controlled studies of antidepressant drugs (SSRIs and others) showed that these drugs increase the risk of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults (ages 18-24) with major depressive disorder (MDD) and other psychiatric disorders. Short-term studies did not show an increase in the risk of suicidality with antidepressants compared to placebo in adults beyond age 24; there was a reduction with antidepressants compared to placebo in adults aged 65 and older. The pooled analyses of placebo-controlled studies in children and adolescents with MDD, obsessive-compulsive disorder (OCD), or other psychiatric disorders included a total of 24 short-term studies of 9 antidepressant drugs in over 4,400 patients. The pooled analyses of placebo-controlled studies in adults with MDD or other psychiatric disorders included a total of 295 short-term studies (median duration of 2 months) of 11 antidepressant drugs in over 77,000 patients. There was considerable variation in risk of suicidality among drugs, but a tendency toward an increase in the younger patients for almost all drugs studied. There were differences in absolute risk of suicidality across the different indications, with the highest incidence in MDD. The risk differences (drug vs. placebo), however, were relatively stable within age strata and across indications. These risk differences (drug-placebo difference in the number of cases of suicidality per 1000 patients treated) are provided in Table 1 of the full prescribing information. No suicides occurred in any of the pediatric studies. There were suicides in the adult studies, but the number was not sufficient to reach any conclusion about drug effect on suicide. It is unknown whether the suicidality risk extends to longer-term use, ie, beyond several months. However, there is substantial evidence from placebo-controlled maintenance studies in adults with depression that the use of antidepressants can delay the recurrence of depression. **All patients being treated with antidepressants for any indication should be monitored appropriately and observed closely for clinical worsening, suicidality, and unusual changes in behavior, especially during the initial few months of a course of drug therapy, or at times of dose changes, either increases or decreases.** The following symptoms, anxiety, agitation, panic attacks, insomnia, irritability, hostility, aggressiveness, impulsivity, akathisia (psychomotor restlessness), hypomania, and mania, have been reported in adult and pediatric patients being treated with antidepressants for major depressive disorder as well as for other indications, both psychiatric and nonpsychiatric. Although a causal link between the emergence of such symptoms and either the worsening of depression and/or the emergence of suicidal impulses has not been established, there is concern that such symptoms may represent precursors to emerging suicidality. Consideration should be given to changing the therapeutic regimen, including possibly discontinuing the medication, in patients whose depression is persistently worse, or who are experiencing emergent suicidality or symptoms that might be precursors to worsening depression or suicidality, especially if these symptoms are severe, abrupt in onset, or were not part of the patient's presenting symptoms. If the decision has been made to discontinue treatment, medication should be tapered, as rapidly as is feasible, but with recognition that abrupt discontinuation can be associated with certain symptoms [*see Warnings and Precautions (5.9) and Dosage and Administration (2.3) in the full prescribing information for a description of the risks of discontinuation of Pristiq*]. **Families and caregivers of patients being treated with antidepressants for major depressive disorder or other indications, both psychiatric and nonpsychiatric, should be alerted about the need to monitor patients for the emergence of agitation, irritability, unusual changes in behavior, and the other symptoms described above, as well as the emergence of suicidality, and to report such symptoms immediately to health care providers. Such monitoring should include daily observation by families and caregivers.** Prescriptions for Pristiq should be written for the smallest quantity of tablets consistent with good patient management, in order to reduce the risk of overdose. Screening patients for bipolar disorder- A major depressive episode may be the initial presentation of bipolar disorder. It is generally believed (though not established in controlled studies) that treating such an episode with an antidepressant alone may increase the likelihood of precipitation of a mixed/manic episode in patients at risk for bipolar disorder. Whether any of the symptoms described above represent such a conversion is unknown. However, prior to initiating treatment with an antidepressant, patients with depressive symptoms should be adequately screened to determine if they are at risk for bipolar disorder; such screening should include a detailed psychiatric history, including a family history of suicide, bipolar disorder, and depression. It should be noted that Pristiq is not approved for use in treating bipolar depression. **Serotonin Syndrome or Neuroleptic Malignant Syndrome (NMS)-like Reactions-** The development of a potentially life-threatening serotonin syndrome or Neuroleptic Malignant Syndrome (NMS)-like reactions have been reported with SNRIs and SSRIs alone, including Pristiq treatment, but particularly with concomitant use of serotonergic drugs (including triptans), with drugs that impair metabolism of serotonin (including MAOIs), or with antipsychotics or other dopamine antagonists. Serotonin syndrome symptoms may include mental status changes (eg, agitation, hallucinations, coma), autonomic instability (eg, tachycardia, labile blood pressure, hyperthermia), neuromuscular aberrations (eg, hyperreflexia, incoordination) and/or gastrointestinal symptoms (eg, nausea, vomiting, diarrhea). Serotonin syndrome in its most severe form can resemble neuroleptic malignant syndrome, which includes hyperthermia, muscle rigidity, autonomic instability with possible rapid fluctuation of vital signs, and mental status changes. Patients should be monitored for the emergence of serotonin syndrome or NMS-like signs and symptoms. The concomitant use of Pristiq with MAOIs intended to treat depression is contraindicated [*see Contraindications (4.2)*]. If concomitant treatment of Pristiq with a 5-hydroxytryptamine receptor agonist (triptan) is clinically warranted, careful observation of the patient is advised, particularly during treatment initiation and dose increases. The concomitant use of Pristiq with serotonin precursors (such as tryptophan) is not recommended. Treatment with Pristiq and any concomitant serotonergic or antidopaminergic agents, including antipsychotics, should be discontinued immediately if the above events occur, and supportive symptomatic treatment should be initiated. **Elevated Blood Pressure-** Patients receiving Pristiq should have regular monitoring of blood pressure since dose-dependent increases were observed in clinical studies. Pre-existing hypertension should be controlled before initiating treatment with Pristiq. Caution should be exercised in treating patients with pre-existing hypertension or other underlying conditions that might be compromised by increases in blood pressure. Cases of elevated blood pressure requiring immediate treatment have been reported with Pristiq. Sustained hypertension- Sustained blood pressure increases could have adverse consequences. For patients who experience a sustained increase in blood pressure while receiving Pristiq, either dose reduction or discontinuation should be considered [*see Adverse Reactions (6.1)*]. Treatment with Pristiq in controlled studies was associated with sustained hypertension, defined as treatment-emergent supine diastolic blood pressure (SDBP) ≥90 mm Hg and ≥10 mm Hg above baseline for 3 consecutive on-therapy visits. In clinical studies, regarding the proportion of patients with sustained hypertension, the following rates were observed: placebo (0.5%), Pristiq 50 mg (1.3%), Pristiq 100 mg (0.7%), Pristiq 200 mg (1.1%), and Pristiq 400 mg (2.3%). Analyses of patients in Pristiq controlled studies who met criteria for sustained hypertension revealed a dose-dependent increase in the proportion of patients who developed sustained hypertension. **Abnormal Bleeding-** SSRIs and SNRIs can increase the risk of bleeding events. Concomitant use of aspirin, other drugs that affect platelet function, nonsteroidal anti-inflammatory drugs, warfarin, and other anticoagulants can add to this risk. Bleeding events related to SSRIs and SNRIs have ranged from ecchymosis, hematoma, epistaxis, and petechiae to life-threatening hemorrhages. Patients should be cautioned about the risk of bleeding associated with the concomitant use of Pristiq and NSAIDs, aspirin, or other drugs that affect coagulation or bleeding. **Narrow-angle Glaucoma-**Mydriasis has been reported in association with Pristiq; therefore, patients with raised intraocular pressure or those at risk of acute narrow-angle glaucoma (angle-closure glaucoma) should be monitored. **Activation of Mania/Hypomania-**During all MDD and VMS (vasomotor symptoms) phase 2 and phase 3 studies, mania was reported for approximately 0.1% of patients treated with Pristiq. Activation of mania/hypomania has also been reported in a small proportion of patients with major affective disorder who were treated with other marketed antidepressants. As with all antidepressants, Pristiq should be used cautiously in patients with a history or family history of mania or hypomania. **Cardiovascular/Cerebrovascular Disease-**Caution is advised in administering Pristiq to patients with cardiovascular, cerebrovascular, or lipid metabolism disorders [*see Adverse Reactions (6.1)*]. Increases in blood pressure and heart rate were observed in clinical studies with Pristiq. Pristiq has not been evaluated systematically in patients with a recent history of myocardial infarction, unstable heart disease, uncontrolled hypertension, or cerebrovascular disease. Patients with these diagnoses, except for cerebrovascular disease, were excluded from clinical studies. **Serum Cholesterol and Triglyceride Elevation-** Dose-related elevations in fasting serum total cholesterol, LDL (low-density lipoprotein) cholesterol, and triglycerides were observed in the controlled studies. Measurement of serum lipids should be considered during treatment with Pristiq [*see Adverse Reactions (6.1)*]. **Discontinuation of Treatment with Pristiq-** Discontinuation symptoms have been systematically and prospectively evaluated in patients treated with Pristiq during clinical studies in major depressive disorder. Abrupt discontinuation or dose reduction has been associated with the appearance of new symptoms that include dizziness, nausea, headache, irritability, insomnia, diarrhea, anxiety, fatigue, abnormal dreams, and hyperhidrosis. In general, discontinuation events occurred more frequently with longer duration of therapy. During marketing of SNRIs (Serotonin and Norepinephrine Reuptake Inhibitors) and SSRIs (Selective Serotonin Reuptake Inhibitors), there have been spontaneous reports of adverse events occurring upon discontinuation of these drugs, particularly when abrupt, including the following: dysphoric mood, irritability, agitation, dizziness, sensory disturbances (eg, paresthesia, such as electric shock sensations), anxiety, confusion, headache, lethargy, emotional lability, insomnia, hypomania, tinnitus, and seizures. While these events are generally self-limiting, there have been reports of serious discontinuation symptoms. Patients should be monitored for these symptoms when discontinuing treatment with Pristiq. A gradual reduction in the dose rather than abrupt cessation is recommended whenever possible. If intolerable symptoms occur following a decrease in the dose or upon discontinuation of treatment, then resuming the previously prescribed dose may be considered. Subsequently, the physician may continue decreasing the dose, but at a more gradual rate [*see Dosage and Administration (2.4) and Adverse Reactions (6.1) in full prescribing information*]. **Renal Impairment-**In patients with moderate or severe renal impairment or end-stage renal disease (ESRD) the clearance of Pristiq was decreased, thus prolonging the elimination half-life of the drug. As a result, there were potentially clinically significant increases in exposures to Pristiq [*see Clinical Pharmacology (12.6) in full prescribing information*]. Dosage adjustment (50 mg every other day) is necessary in patients with severe renal impairment or ESRD. The doses should not be escalated in patients with moderate or severe renal impairment or ESRD [*see Dosage and Administration (2.2) in full prescribing information*]. **Seizure-**Cases of seizure have been reported in premarketing clinical studies with Pristiq. Pristiq should be prescribed with caution in patients with a seizure disorder. **Hyponatremia-** Hyponatremia can occur as a result of treatment with SSRIs and SNRIs, including Pristiq. In many cases, this hyponatremia appears to be the result of the syndrome of inappropriate antidiuretic hormone secretion (SIADH). Elderly patients can be at greater risk of developing hyponatremia with SSRIs and SNRIs. Also, patients taking diuretics or who are otherwise volume depleted can be at greater risk [*see Use in Specific Populations (8.5) and Clinical Pharmacology (12.6) in full prescribing information*]. Discontinuation of Pristiq should be considered in patients with symptomatic hyponatremia and appropriate medical intervention should be instituted. **Coadministration of Drugs Containing Desvenlafaxine and Venlafaxine-** Desvenlafaxine is the major active metabolite of venlafaxine. Products containing desvenlafaxine and products containing venlafaxine should not be used concomitantly with Pristiq. **Interstitial Lung Disease and Eosinophilic Pneumonia-** Interstitial lung disease and eosinophilic pneumonia associated with venlafaxine (the parent drug of Pristiq) therapy have been rarely reported. The possibility of these adverse events should be considered in patients treated with Pristiq who present with progressive dyspnea, cough, or chest discomfort. Such patients should undergo a prompt medical evaluation, and discontinuation of Pristiq should be considered.

ADVERSE REACTIONS: Clinical Studies Experience: The most commonly observed adverse reactions in Pristiq-treated MDD patients in short-term fixed-dose studies (incidence ≥5% and at least twice the rate of placebo in the 50- or 100-mg dose groups) were nausea, dizziness, insomnia, hyperhidrosis, constipation, somnolence, decreased appetite, anxiety, and specific male sexual function disorders. Adverse reactions reported as reasons for discontinuation of treatment- The most common adverse reactions leading to discontinuation in at least 2% of the Pristiq-treated patients in the short-term studies, up to 8 weeks, were nausea (4%); dizziness, headache and vomiting (2% each); in the long-term study, up to 9 months, the most common was vomiting (2%). Common adverse reactions in placebo-controlled MDD studies- Table 3 in full PI shows the incidence of common adverse reactions that occurred in ≥2% of Pristiq-treated MDD patients at any dose in the 8-week, placebo-controlled, fixed-dose, premarketing clinical studies. In general, the adverse reactions were most frequent in the first week of treatment. Cardiac disorders: Palpitations, Tachycardia, Blood pressure increased; Gastrointestinal disorders: Nausea, Dry mouth, Diarrhea, Constipation, Vomiting; General disorders and administration site conditions: Fatigue, Chills, Feeling jittery, Asthenia; Metabolism and nutrition disorders: Decreased appetite, weight decreased; Nervous system disorders: Dizziness, Somnolence, Headache, Tremor, Paraesthesia, Disturbance in attention; Psychiatric Disorders: Insomnia, Anxiety, Nervousness, Irritability, Abnormal dreams; Renal and urinary disorders: Urinary hesitation; Respiratory, thoracic, and mediastinal disorders: Yawning; Skin and subcutaneous tissue disorders: Hyperhidrosis, Rash; Special Senses: Vision blurred; Mydriasis, Vertigo, Tinnitus, Dysgeusia; Vascular Disorders: Hot flush. Sexual function adverse reactions-Table 4 shows the incidence of sexual function adverse reactions that occurred in ≥2% of Pristiq-treated MDD patients in any fixed-dose group (8-week, placebo-controlled, fixed and flexible-dose, premarketing clinical studies). Men Only: Anorgasmia, Libido decreased, Orgasm abnormal, Ejaculation delayed, Erectile dysfunction, Ejaculation disorder, Ejaculation failure, Sexual dysfunction; Women Only: Anorgasmia; Other adverse reactions observed in premarketing clinical studies: Other infrequent adverse reactions occurring at an incidence of <2% in MDD patients treated with Pristiq were: *Immune system disorders* – Hypersensitivity. *Investigations* – Weight increased, liver function test abnormal, blood prolactin increased. *Nervous system disorders* – Convulsion, syncope, extrapyramidal disorder. *Musculoskeletal and connective tissue disorders* – Musculoskeletal stiffness. *Psychiatric disorders* – Depersonalization, hypomania. *Respiratory, thoracic and mediastinal disorders* – Epistaxis. *Vascular disorders* – Orthostatic hypotension. In clinical studies, there were uncommon reports of ischemic cardiac adverse events, including myocardial ischemia, myocardial infarction, and coronary occlusion requiring revascularization; these patients had multiple underlying cardiac risk factors. More patients experienced these events during Pristiq treatment as compared to placebo [*see Warnings and Precautions (5.7)*]. Discontinuation events-Adverse events reported in association with abrupt discontinuation, dose reduction or tapering of treatment in MDD clinical studies at a rate of ≥5% include dizziness, nausea, headache, irritability, insomnia, diarrhea, anxiety, abnormal dreams, fatigue, and hyperhidrosis. In general, discontinuation events occurred more frequently with longer duration of therapy [*see Dosage and Administration (2.4) and Warnings and Precautions (5.9) in full prescribing information*]. Laboratory, ECG and vital sign changes observed in MDD clinical studies-The following changes were observed in placebo-controlled, short-term, premarketing MDD studies with Pristiq. *Lipids*-Elevations in fasting serum total cholesterol, LDL (low-density lipoprotein) cholesterol, and triglycerides occurred in the controlled studies. Some of these abnormalities were considered potentially clinically significant [*see Warnings and Precautions (5.8)*]. *Proteinuria*-Proteinuria, greater than or equal to trace, was observed in the fixed-dose controlled studies (see Table 6 in full prescribing information). This proteinuria was not associated with increases in BUN or creatinine and was generally transient. *ECG changes*-Electrocardiograms were obtained from 1,492 Pristiq-treated patients with major depressive disorder and 984 placebo-treated patients in clinical studies lasting up to 8 weeks. No clinically relevant differences were observed between Pristiq-treated and placebo-treated patients for QT, QTc, PR, and QRS intervals. In a thorough QTc study with prospectively determined criteria, desvenlafaxine did not cause QT prolongation. No difference was observed between placebo and desvenlafaxine treatments for the QRS interval. *Vital sign changes*-Table 7 summarizes the changes that were observed in placebo-controlled, short-term, premarketing studies with Pristiq in patients with MDD (doses 50 to 400 mg). Relative to placebo, Pristiq was associated with mean increase of up to 2.1 mm Hg in systolic blood pressure, 2.3 mm Hg in diastolic blood pressure, and 4.1 bpm with supine pulse. At the final on-therapy assessment in the 6-month, double-blind, placebo-controlled phase of a long-term study in patients who had responded to Pristiq during the initial 12-week, open-label phase, there was no statistical difference in mean weight gain between Pristiq- and placebo-treated patients. *Orthostatic hypotension*- In the short-term, placebo-controlled clinical studies with doses of 50-400 mg, systolic orthostatic hypotension (decrease ≥30 mm Hg from supine to standing position) occurred more frequently in patients ≥65 years of age receiving Pristiq (8.0%, 7/87) versus placebo (2.5%, 1/40), compared to patients <65 years of age receiving Pristiq (0.9%, 18/1,937) versus placebo (0.7%, 8/1,218). **Adverse Reactions Identified During Post-Approval Use-** The following adverse reaction has been identified during post-approval use of Pristiq. Because post-approval reactions are reported

Help your adult patients with Major Depressive Disorder (MDD) toward their treatment goals

GO forward with Pristiq

Results from PRISTIQ 50 mg clinical studies:

- An SNRI with proven efficacy[1]
- Improvement in functional outcomes in work, leisure, and home activities[2]*
- Discontinuation rate due to adverse events comparable to placebo[3]
- No significant weight gain versus placebo[3] and low incidence of sexual side effects

The most commonly observed adverse reactions in patients taking PRISTIQ (incidence ≥5% and ≥2x the rate of placebo) were nausea, dizziness, hyperhidrosis, constipation, and decreased appetite.

*As measured by the Sheehan Disability Scale total score.

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EXTENDED-RELEASE TABLETS

PRISTIQ is indicated for the treatment of major depressive disorder in adults.

Important Safety Information for PRISTIQ

WARNING: SUICIDALITY AND ANTIDEPRESSANT DRUGS

Antidepressants increased the risk compared to placebo of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults in short-term studies of Major Depressive Disorder (MDD) and other psychiatric disorders. Anyone considering the use of PRISTIQ or any other antidepressant in a child, adolescent, or young adult must balance this risk with the clinical need. Short-term studies did not show an increase in the risk of suicidality with antidepressants compared to placebo in adults beyond age 24; there was a reduction in risk with antidepressants compared to placebo in adults aged 65 and older. Depression and certain other psychiatric disorders are themselves associated with increases in the risk of suicide. Patients of all ages who are started on antidepressant therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with the prescriber. PRISTIQ is not approved for use in pediatric patients.

Contraindications

- PRISTIQ is contraindicated in patients with a known hypersensitivity to PRISTIQ or venlafaxine.
- PRISTIQ must not be used concomitantly with an MAOI or within 14 days of stopping an MAOI. Allow 7 days after stopping PRISTIQ before starting an MAOI.

Warnings and Precautions

- **All patients treated with antidepressants should be monitored appropriately and observed closely for clinical worsening, suicidality, and unusual changes in behavior, especially during the first few months of treatment and when changing the dose.** Consider changing the therapeutic regimen, including possibly discontinuing the medication, in patients whose depression is persistently worse or includes symptoms of anxiety, agitation, panic attacks, insomnia, irritability, hostility, aggressiveness, impulsivity, akathisia, hypomania, mania, or suicidality that are severe, abrupt in onset, or were not part of the patient's presenting symptoms. **Families and caregivers of patients being treated with antidepressants should be alerted about the need to monitor patients.**
- Development of a potentially life-threatening serotonin syndrome or Neuroleptic Malignant Syndrome-like reactions have been reported with SNRIs and SSRIs alone, including PRISTIQ treatment, but particularly with concomitant use of serotonergic drugs, including triptans, with drugs that impair the metabolism of serotonin (including MAOIs), or with antipsychotics or other dopamine antagonists. If concomitant use with a triptan is clinically warranted, careful observation of the patient is advised, particularly during treatment initiation and dose increases. Concomitant use of PRISTIQ with serotonin precursors is not recommended.
- Patients receiving PRISTIQ should have regular monitoring of blood pressure since increases in blood pressure were observed in clinical studies. Pre-existing hypertension should be controlled before starting PRISTIQ. Caution should be exercised in treating patients with pre-existing hypertension or other underlying conditions that might be compromised by increases in blood pressure. Cases of elevated blood pressure requiring immediate treatment have been reported. For patients who experience a sustained increase in blood pressure, either dose reduction or discontinuation should be considered.
- SSRIs and SNRIs, including PRISTIQ, may increase the risk of bleeding events. Concomitant use of aspirin, NSAIDs, warfarin, and other anticoagulants may add to this risk.
- Mydriasis has been reported in association with PRISTIQ; therefore, patients with raised intraocular pressure or those at risk of acute narrow-angle glaucoma (angle-closure glaucoma) should be monitored.
- PRISTIQ is not approved for use in bipolar depression. Prior to initiating treatment with an antidepressant, patients should be adequately screened to determine the risk of bipolar disorder.
- As with all antidepressants, PRISTIQ should be used cautiously in patients with a history or family history of mania or hypomania, or with a history of seizure disorder.
- Caution is advised in administering PRISTIQ to patients with cardiovascular, cerebrovascular, or lipid metabolism disorders. Increases in blood pressure and small increases in heart rate were observed in clinical studies with PRISTIQ. PRISTIQ has not been evaluated systematically in patients with a recent history of myocardial infarction, unstable heart disease, uncontrolled hypertension, or cerebrovascular disease.
- Dose-related elevations in fasting serum total cholesterol, LDL (low density lipoprotein) cholesterol, and triglycerides were observed in clinical studies. Measurement of serum lipids should be considered during PRISTIQ treatment.
- On discontinuation, adverse events, some of which may be serious, have been reported with PRISTIQ and other SSRIs and SNRIs. Abrupt discontinuation of PRISTIQ has been associated with the appearance of new symptoms. Patients should be monitored for symptoms when discontinuing treatment. A gradual reduction in dose rather than abrupt cessation is recommended whenever possible.
- The recommended dose in patients with severe renal impairment or end-stage renal disease (ESRD) is 50 mg every other day. The dose should not be escalated in patients with moderate or severe renal impairment or ESRD.
- Products containing desvenlafaxine and products containing venlafaxine should not be used concomitantly with PRISTIQ.
- Hyponatremia may occur as a result of treatment with SSRIs and SNRIs, including PRISTIQ. Discontinuation of PRISTIQ should be considered in patients with symptomatic hyponatremia.
- Interstitial lung disease and eosinophilic pneumonia associated with venlafaxine (the parent drug of PRISTIQ) therapy have been rarely reported.

Adverse Reactions

- The most commonly observed adverse reactions in patients taking PRISTIQ vs placebo for MDD in short-term fixed-dose premarketing studies (incidence ≥5% and ≥2x the rate of placebo in the 50-mg dose group) were nausea (22% vs 10%), dizziness (13% vs 5%), hyperhidrosis (10% vs 4%), constipation (9% vs 4%), and decreased appetite (5% vs 2%).

References: 1. Thase ME, Kornstein SG, Germain JM, Jiang Q, Guico-Pabia C, Ninan PT. An integrated analysis of the efficacy of desvenlafaxine compared with placebo in patients with major depressive disorder. *CNS Spectr*. 2009;14(3):144-154. **2.** Soares CN, Kornstein SG, Thase ME, Jiang Q, Guico-Pabia CJ. Assessing the efficacy of desvenlafaxine for improving functioning and well-being outcome measures in patients with major depressive disorder: a pooled analysis of 9 double-blind, placebo-controlled, 8-week clinical trials. *J Clin Psychiatry*. 2009;70(10):1365-1371. **3.** Clayton AH, Kornstein SG, Rosas G, Guico-Pabia C, Tourian KA. An integrated analysis of the safety and tolerability of desvenlafaxine compared with placebo in the treatment of major depressive disorder. *CNS Spectr*. 2009;14(4):183-195.

Please see brief summary of Prescribing Information on adjacent pages.