

DEPRESSION CENTER

update

from the nation's first comprehensive depression center



From the Director

John F. Greden, MD
Executive Director of the University of Michigan
Depression Center

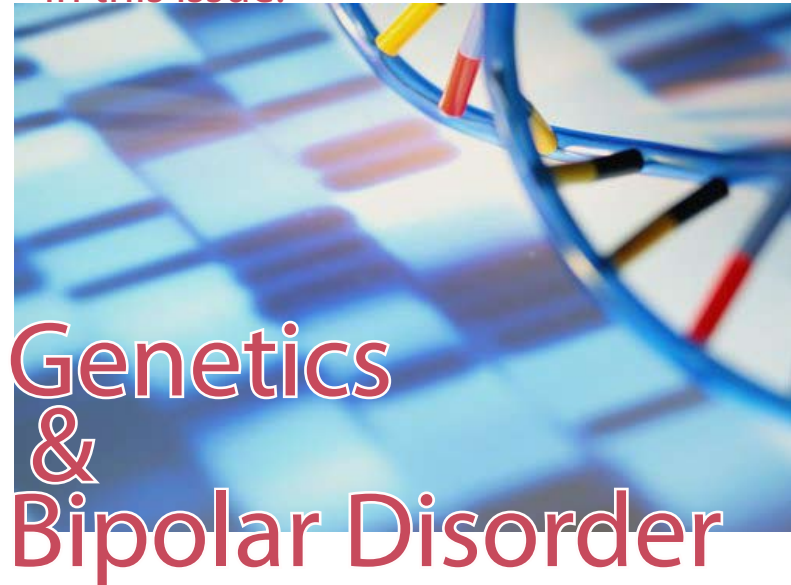
Knowledge, Translation, and the “Five P’s:” Foundations of the Depression Center

“**Knowledge heals.**” We have learned a great deal in the past several decades about depression, bipolar disorder, and related conditions, but to conquer them, we need to learn more. We need to learn enough to develop new tests to diagnose depressive and bipolar illnesses earlier, to develop more effective medications and treatment strategies with different mechanisms, and to improve psychotherapies. We need to understand how to better treat to wellness, to learn how to prevent the recurrent episodes that contribute so much to the huge burdens of depression and bipolar, and to get better in attacking stigma with the goal of eliminating it once and for all. And someday we will learn enough to even prevent onset.

Yes, “knowledge heals,” but by itself it is not enough. New understandings must be translated into clinical practice in order to heal or prevent. Only then will clinicians routinely apply diagnostic tests and treatments that are *Personalized* and *Predictive* (what works for one person may not work for others, so new tests are needed to determine which treatments are most likely to work best for each individual); *Participatory* (better results are obtained when each person becomes a partner in their treatment plan); *Preventive* (stopping recurrences CAN be accomplished for most people, even now, but treatments are not widely applied); and *Persistent* (clinicians need to persist in finding answers for those whose illnesses are more difficult to treat).

To help achieve new knowledge and translate it so that these “Five P’s” become a core part of health care, other medical specialties such as cancer, heart disease, and diabetes established integrated Centers of Excellence. These national Centers are making a huge difference. To attack depression and bipolar with a similar strategy, in 2001, the University of Michigan recognized the potential of such an approach and established the country’s inaugural Depression Center.

In this issue:



Genetics & Bipolar Disorder

This Newsletter issue describes some of the Depression Center’s strategies for generating new knowledge about bipolar disorder and translating it into clinical practice. We want to learn from you how we can best help patients and families learn more. We need your inputs to create educational programs that meet your needs. We need more supporters to meet the challenge posed by the wonderful and generous gifts of Mrs. Waltraud Prechter and the Herrick Foundation that will greatly enhance and effectively transform the Prechter Bipolar Genetic Repository into a worldwide resource. We also want to enlist your help in spreading the word that participants are needed for the research projects that will lead to the development of predictive tests and personalized treatments that we all seek. And we need your help in telling us how to best work with you to sustain wellness once it is achieved. Many more items could be listed, but for this Newsletter, it is exciting to note that new knowledge is being generated, faster translation into clinical care *is* gaining momentum, and the “Five P’s” *are* achievable goals.

Predicting Outcomes...

Prechter Bipolar Research Programs

We are learning from cancer and cardiovascular fields that combining genetic knowledge with treatment outcomes can be a powerful strategy for improving clinical treatments and identifying those that work best for each person (“personalized treatment”). When treating those with bipolar disorders, it is not possible to currently predict who will respond to specific medications such as lithium or other mood stabilizers. Nor do we understand how life’s stresses interact with our biological makeup to alter the course and outcome of bipolar disorder. This leads to excessive reliance on the “trial and error” method that is currently so dreaded by patients, families and clinicians.

The Prechter Bipolar Research Programs, directed by Melvin G. McInnis, M.D., FRCPsych, the Thomas B. and Nancy Upjohn Woodworth Professor of Bipolar Disorder and Depression, are conducting an array of studies to accelerate the development of such personalized treatment. “I was thrilled to join the U-M Depression Center and Department of Psychiatry and learn about the many efforts underway to characterize the genetics of bipolar disorder – my lifelong passion! The Prechter Bipolar Research Fund has made much of this work possible,” says Dr. McInnis.

The Prechter programs have interactive parts: 1) the Prechter Bipolar Genetics Repository, a “storage-tank” for all clinical, laboratory, and genetic (DNA) data and material; 2) longitudinal clinical assessments to determine treatment responses; 3) collaborative projects with scientists worldwide to more rapidly translate new knowledge into new clinical treatments.

Bipolar disorder, like diabetes, is a lifetime illness. Yet, for practical and financial reasons, investigators worldwide have tended to approach the genetic study of bipolar disorder by assessing individuals with the disorder at a single point in time or over a relatively short clinical trial. This approach has greatly limited our ability to understand those questions that are of most concern to patients and families: What treatments will work best for me? What environmental influences interact with my genes to change my lifetime course? What elements of my disorder are likely to get worse if I do certain things such as consume alcohol? How do unavoidable stressors in my daily life influence treatment response?

To accelerate our progress, we are collaborating with Johns Hopkins, Stanford and Cornell Universities to collect new genetic samples and clinical information on the course of illness from 1,000 individuals with bipolar disorder and 1,000 unaffected participants. These individuals are being followed over time to integrate the extensive clinical and genetic data—both of which will be made immediately available to the world’s bipolar research community at minimal cost.



Waltraud “Wally” Prechter and Heinz C. Prechter. To help others avoid going through the anguish associated with bipolar disorders and to honor her husband’s desire to “make a difference,” Mrs. Prechter established the Heinz C. Prechter Bipolar Research Fund at the University of Michigan Depression Center.

“By identifying a common gene pattern, a genetic signature, we will be able to better characterize the illness, its course and outcome based on the genetic profile,” says McInnis. “An emerging field – pharmacogenetics – is already promising to enhance the speed and accuracy of determining the best treatment option for our patients.” McInnis explains that this can only be done by integrating accurate and complete genetic and longitudinal clinical data.

Those who participate in the study donate a small blood sample for examination of the genetic material or DNA, participate in a diagnostic interview and undergo neuropsychological, stress, and other clinical testing to characterize the illness and its pattern over time. They complete self-report questionnaires every two months and return for annual visits.

“The goal at the initial visit is to perform clinical assessments on people at times when they are not currently experiencing an episode of depression or mania, while in the follow-up we learn about the course of illness and symptom patterns,” says Christine Brucksch, R.N., B.S.N., Study Nurse Coordinator within the Depression Center.

So far, over 200 participants are enrolled and the study is actively recruiting both unaffected volunteers and those with bipolar disorder.

This Newsletter illustrates a few examples of Prechter Fund innovative projects. Those who wish to learn more are encouraged to contact the research team at 1-877-UM-GENES or BPresearch@umich.edu

For more information on depression and bipolar di

Preventing Disease

Patient attitudes toward genetic testing for bipolar

Since the completion of the human genome project, genetic research has held out the potential to detect genes that are associated with complex conditions. Knowledge and acceptance of genetic testing is changing. Attitudes are also changing, but uncertainties among some remain. Previous reports have indicated that individuals with bipolar disorder as well as their spouses and unaffected family members would generally favor genetic testing. But to better understand prevailing attitudes and concerns, Genetic Counseling students at U-M, under the direction of Professor Margit Burmeister, are studying attitudes among individuals involved in the Prechter Bipolar Genes Project at the Depression Center. Preliminary survey data from these ongoing studies suggests that patients with bipolar disorder would be interested in using a genetic test for the condition should a reliable test emerge in the future.

Are the attitudes among professionals changing as well? To address this question, another survey was developed to examine viewpoints among individuals in the fields of genetics and psychiatry to determine how this new development would be received in the healthcare community. Comparing the attitudes of individuals with bipolar disorder to those in the healthcare and research fields will reveal issues that need to be addressed once a clinical test becomes available. We will summarize these results in future Newsletters.



Margit Burmeister, Ph.D.
Research Professor, Molecular and Behavioral Neurosciences Institute
Professor of Genetics in Psychiatry
Professor of Human Genetics
U-M Comprehensive Depression Center

“Prevention - real prevention - is part of our vision. We have much to do to achieve that dream - perhaps requiring a new and specific call to action - but no other long-term goal is acceptable, and the tools and skills are in place. The time has come.”

- John F. Greden, M.D.,
Executive Director,
University of Michigan
Comprehensive Depression Center

Adolescents at Risk for Bipolar Disorder

To help identify risk factors in the development of bipolar disorder, Prechter researchers are part of a collaborative effort sponsored by the National Institute of Mental Health to recruit and follow Adolescents at High Risk for Familial Bipolar Disorder. If scientists can recognize specific behavioral, social and psychological features and possible biological markers, it might be possible to predict the development of bipolar disorder and intervene earlier and more effectively to minimize the illness's impact.

Participants in the study are between the ages of 12 and 21 and have either a parent or sibling already diagnosed with bipolar disorder. The parent or sibling must be willing to participate along with the child. An initial research evaluation consists of a structured interview to document symptoms the youth may be experiencing, along with self-report questionnaires. Blood samples for genetics are also collected. Annual follow-ups are being planned for five years or longer, determined by funding. Collaborating sites include Indiana University, Johns Hopkins University, and Washington University in St. Louis. There is power in collaboration. As sample sizes grow, confidence is high that risk factors for bipolar disorder will be better understood.

order, visit: www.depressioncenter.org.

Overcoming Bipolar Disorder

Collaborative Care Management Makes a Difference

Amy Kilbourne, PhD, MPH

Manic-depression or bipolar disorder is a serious brain illness characterized by alternating periods of extreme mood swings, depression and mania, often coupled with an array of anxiety, sleep disruptions, substance use, and social, economic and personal problems. Psychologist, professor, and award-winning author Kay Redfield Jamison described her own experience with bipolar disorder in her 1995 autobiography, *An Unquiet Mind*. She wrote, “Manic-depression distorts moods and thoughts, incites dreadful behaviors, destroys the basis of rational thought, and too often erodes the desire and will to live. It is an illness that is biological in its origins, yet one that feels psychological in the experience of it; an illness that is unique in conferring advantage and pleasure, yet one that brings in its wake almost unendurable suffering and, not infrequently, suicide.” There are effective, but imperfect, treatments currently available. It is critical to align and muster these resources and treatments for individuals with bipolar disorder so that all options can be considered and the best one selected to achieve the best possible outcome for the individual and family. Attainment and maintenance of wellness are the ultimate goals.



Amy Kilbourne, Ph.D., M.P.H.
Associate Professor, Department of Psychiatry
U-M Comprehensive Depression Center

Dr. Amy Kilbourne, Associate Professor at the University of Michigan Department of Psychiatry and Depression Center, is an international expert on the clinical, medical and psychological outcomes in individuals with bipolar disorder. She has dedicated her career to the identification of clinical and treatment factors that will improve the outcome of bipolar disorder. Dr. Kilbourne’s work to date has identified several major health concerns for people with bipolar disorder, the “unwanted comorbid co-travelers” that often result in a poor outcome. Her research found that general medical illnesses, such as diabetes and hypertension, as well as other psychiatric disorders, substance abuse and anxiety disorders, are more prevalent in individuals with bipolar disorder.

Bipolar Disorder and Medical Illnesses

A study of patients with bipolar disorder in 2001 revealed that over a third were diagnosed with three or more medical conditions, including heart disease, cancer, and asthma. Heart disease is the number one cause of mortality in persons with bipolar disorder. Prevalence rates of cardiovascular risk factors including hypertension, high cholesterol, and diabetes exceed those seen in the general population. Sedentary behaviors during the depressive episodes play havoc on the habits of good health. Despite the clinical importance of these general medical conditions, Dr. Kilbourne found that only half of patients with bipolar disorder received adequate quality of medical care, including recommended monitoring of cholesterol and diabetes risk.

To “make a difference,” Dr. Kilbourne developed and implemented a Bipolar Chronic Care Model (“BCM”) to improve quality and outcomes in patients with bipolar disorder who are also at risk for cardiovascular disorders.

What is unique about the BCM? It is based on a combination of behavioral change, care management, and education regarding the medical risk factors in this group. Its aims are to help persons with bipolar illness manage their disorder using a recovery model approach that addresses healthy eating and exercise, and ultimately helps motivate persons to achieve their life goals despite the illness. Patients participating in the BCM compared to usual care had improved physical health-related quality of life. Dr. Kilbourne is now implementing the BCM in clinics affiliated with the University of Michigan Depression Center, other UM Health System clinics, and community-based settings. She has partnered with the Prechter Bipolar Research team to implement the BCM in the clinics of the UM Depression Center.

Dr. Kilbourne’s findings illustrate the importance of treating the “whole person,” translating research findings so that clinicians can use them, involving families and friends whenever possible, and developing long-term, sustainable clinical initiatives.

For more information on depression and bipolar di

Prechter Bipolar Research Programs

Can We Learn How to Better Differentiate Between Bipolar Disorder and Schizophrenia?

According to Christine Brucksch, R.N., B.S.N. research nurse in the Depression Center, “At times, there can be an overlap of symptoms between schizophrenia and bipolar and it is likely that specific genes contribute to mood symptoms in both of the disorders. We want to find these genes since they may help us make the best treatment selections.” Currently clinicians rely predominantly on descriptive clinical measures when making these diagnoses. Prechter scientists at the Depression Center are collaborating with Wayne State University to assist with a National Institute of Mental Health grant titled “Bipolar and Schizophrenia Consortium to Parse Intermediate Phenotypes” (B-SNIP). The grant will allow researchers to compare the genetic and neurobiological foundations of schizophrenia and bipolar disorder. B-SNIP will allow them to look at pathophysiology as well, leading to improved treatments. Individuals that have been identified for participation in the Prechter Longitudinal Bipolar Research Program will be invited to participate in these additional studies that also include brain imaging. A very interesting component to the B-SNIP program is the study of an unaffected family member to test if there are “intermediate” phenotypes or clinical patterns that could suggest that the family member has a milder but clinically insignificant form of the illness.

Professor McInnis recently stated that “We are thrilled to integrate facets of our work sponsored by the Prechter Fund with other projects. Leveraging the growing Prechter support makes the whole much greater than the sum of the parts.”

Melvin McInnis, M.D., FRCPsych,
Thomas B. and Nancy Woodworth
Professor of Bipolar Disorder and
Depression, Depression Section
Director, Department of Psychiatry
U-M Comprehensive Depression
Center



Genes and Subtypes of Bipolar Disorder

Bipolar disorder is complicated by multiple co-occurrences such as alcohol abuse or panic disorder, and patterns of illness such as rapid cycling. For example, bipolar disorder with alcohol dependence may be a specific subtype that may have its own unique genetic signature. The Genes and Subtypes of Bipolar Disorder project aims to study groups of people with bipolar disorder that have a similar form or “subtype” of the disease. For this study, participants complete a comprehensive diagnostic clinical interview and give samples of blood for genetics and saliva for cortisol, a stress hormone. People who want to help by participating in research but are unable to enroll in a longer term follow-up study have been eager to join this project.

Professor Margit Burmeister, Ph.D. and Erika Saunders, M.D. began the Genes and Subtypes project. Dr. Saunders, a Prechter Research fellow and a Rachel Upjohn Clinical Scholars recipient, has been instrumental in all aspects of the bipolar clinical and research endeavors. The Depression Center’s goal of identifying and treating earlier remains a foundation of our mission.

A vision for the future:

- Integrating research with clinical care;
- Collaborations across multidisciplinary programs;
- Larger samples, more accurate findings;
- Commitment to keep patients well and to prevent recurrences.

order, visit: www.depressioncenter.org.

Depression Center Education Activities

Recommended Reading Corner: FRIENDS Depression Education Resource Center

Below are recommended books to help further your understanding of bipolar disorder. You can find these books, and many other resources, at the FRIENDS Depression Education Resource Center, located in the east atrium of the Depression Center building. The Resource Center is now fully operational, and we extend special thanks to the FRIENDS of the University of Michigan Hospitals and Health Centers whose generous support allowed us to create this valuable community resource.

Bipolar Disorder Survival Guide: What You and Your Family Need to Know

David J. Miklowitz, PhD

Covers the diagnosis, causes and treatment, and self-management for bipolar disorder. This is an excellent resource for patients, and for family and friends looking to learn more about bipolar disorder.

An Unquiet Mind

Kay Redfield Jamison, MD

From the perspective of both a patient of bipolar illness and an expert in the field, *An Unquiet Mind* addresses Dr. Redfield Jamison's personal struggles to overcome her illness.

Brandon the Bipolar Bear

Tracy Anglada

Illustrated by Jennifer Taylor and Toby Ferguson

This book is designed to help children understand bipolar disorder, through the use of illustrations and a simple storyline.



Upcoming Events Bright Nights: Depression and Cancer

Tuesday, April 22nd

7:00-8:30 p.m.

Multi-Purpose Room

Ann Arbor District Library, Downtown

343 S. Fifth Avenue

On Tuesday, April 22nd, the Depression Center's Bright Nights Community Forum series presents a program focusing on Depression and Cancer, led by Dr. Michelle Riba, MD, MS, Director, U-M PsychOncology Program, U-M Cancer Center, and Associate Chair for Integrated Medical and Psychiatric Services, U-M Department of Psychiatry. Co-sponsored by the Depression Center and the Ann Arbor District Library, the Bright Nights public forums provide an opportunity for community members to obtain up-to-date information on a variety of topics related to depression. The quarterly series allows for discussion and Q & A between audience members and expert panelists.

The Depression Center Welcomes the Sleep and Chronophysiology Lab

The Depression Center is pleased to announce the opening of the new Sleep and Chronophysiology Laboratory, a state-of-the-art research facility housed within the Rachel Upjohn Building. Directed by Roseanne Armitage, PhD, Professor of Psychiatry, the Sleep Lab is currently conducting research studies on infants of mothers who are depressed; sleep disturbances in adolescents with depression; sex differences in risk for depression; insomnia treatments for individuals in recovery from alcohol dependence; effects of auditory tones on sleep in unipolar and bipolar disorder; and prevention for children and adolescents at elevated risk for depression. J. Todd Arnedt, PhD, Director of the U-M Behavioral Sleep Medicine Program, oversees all of the clinical activities of the laboratory, and Robert Hoffmann, Ph.D. the Associate Director of the Sleep Lab, oversees the technical and methodological development.

The Sleep Lab covers 8,755 square feet of space and offers a comfortable environment conducive for sleeping away from home.

For more information, please visit
<http://www.depressioncenter.org/sleeplab/>

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Special Events

Sneak Preview Screening: *Men Get Depression*

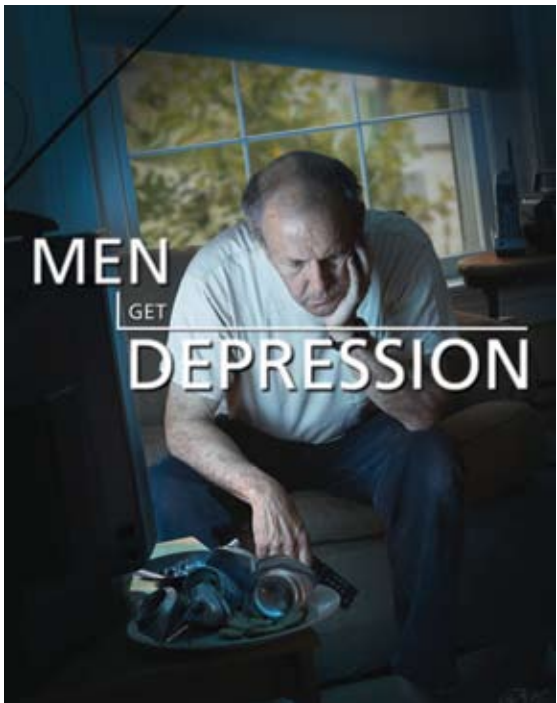
Please join us on **Tuesday, April 29th** in the Depression Center auditorium from 4:00-5:30 pm for a preview of the documentary film “Men Get Depression,” which will air nationally on PBS in May (please check your local listings for the broadcast date and time in your area).

Produced by Academy Award® winning State of the Art, Inc., “Men Get Depression” features the true stories of men of all ages and backgrounds, each struggling with depression and its effect on their family, their work, and their quality of life. The Depression Center is a project partner for the film’s outreach campaign, and a co-sponsor with State of the Art on the National Symposium on Health Disparities in Male Depression which took place in November, 2007.

A preview clip from the film will be shown, followed by a panel discussion and audience Q & A with Dr. John Greden, Executive Director of the Depression Center; Dr. Thomas Schwenk, the George A. Dean, MD Chair of Family Medicine, U-M Medical School and Associate Director, U-M Depression Center; and Eric Hipple, former quarterback for the Detroit Lions and currently an outreach coordinator for the Depression Center. Both Dr. Greden and Mr. Hipple are featured in the documentary.

To learn more about the film, and additional resources, visit:
<http://www.mengetdepression.com/>

To learn more about this event, please contact Trish Meyer at meyerpa@umich.edu



Depression is Real: A Community Forum on Child & Adolescent Depression and Suicide Prevention

Please join us on **Wednesday, May 7 from 7-8:30 p.m.** at the new Ann Arbor Skyline High School (2552 North Maple Rd.) to learn about the latest research on depressive illnesses, receive information about how to recognize and respond to signs of depression and suicide risk in youth, and have the opportunity to ask questions about these important issues.

This event is part of a collaboration between the Ann Arbor Public Schools and the University of Michigan Depression Center to provide depression awareness and suicide prevention education, training, and support for Ann Arbor Public Schools personnel. The forum is open to parents, students, community members, and AAPS staff, and there is no charge for attendance.

Superintendent Todd Roberts will host the event, with presentations by John F. Greden, M.D., Executive Director of the U-M Depression Center, and Cheryl King, Ph.D., Chief Psychologist, U-M Department of Psychiatry and international expert on childhood depression and suicide. In addition, a variety of educational and community resources will be available. This educational partnership is made possible by the generous donations of many individuals in the Ann Arbor community.

DC Colloquium Series

The U-M Depression Center Colloquium Series is designed for health professionals and researchers with an interest in depression and related illnesses.

Friday, May 30, 2008

A Conceptual Approach to DSM-V Revisions--Implications for Mood Disorders

Darrel Regier, MD, MPH, Director, Division of Research, American Psychiatric Association; Executive Director, American Psychiatric Institute for Research and Education (APIRE)

John F. Greden, MD, Rachel Upjohn Professor of Psychiatry and Clinical Neurosciences; Executive Director, University of Michigan Depression Center; Research Professor, Molecular and Behavioral Neuroscience Institute

The Depression Center Colloquia take place from 11:45 a.m. – 1:30 p.m. in the Depression Center auditorium. Lunch is served for those who pre-register, and there is no charge. Continuing education credits are available for physicians and social workers. To register, please visit www.depressioncenter.org

Funding for the Colloquium Series is provided by an educational grant from AstraZeneca.

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You've received this newsletter because you elected to be added to our mailing list, or because you have been identified as someone interested in advances in the treatment and prevention of illnesses.

If you want to be added to or deleted from our mailing list, please contact Trish Meyer at meyerpa@umich.edu or (734) 763-7495.

Information about depression is available online. Please visit our website at www.depressioncenter.org.

The Executive Officers of the University of Michigan Health System:
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University of Michigan
Depression Center
Rachel Upjohn Building
4250 Plymouth Road
Ann Arbor, MI 48109-5763
1-800-475-MICH

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New Challenge Grants Will Double Your Gift for Bipolar Research



The Depression Center is very excited to announce two challenge grants to advance research on bipolar disorder, one from the World Heritage Foundation-Prechter Family Fund which has pledged up to \$1 million, and one from the Herrick Foundation which has pledged up to \$500,000. These challenge grants are designed to encourage donations of all sizes by individuals - especially those whose families and friends have been affected by bipolar disorder.

Every dollar contributed will be matched by a dollar from these funds. Donations will help further the work of the Heinz C. Prechter Bipolar Research Fund, specifically the search for the genes that make individuals and families vulnerable to developing bipolar disorder or provide resiliency to resist bipolar disorder. To learn more, visit <http://www.prechterfund.org/> or call (734) 998-6143, or 1-877-UM-GENES

Multiple Family Group for Treatment of Bipolar Disorder

This treatment group meets for a period of six weekly group sessions, conducted in class-like format, teaching and refining skills to help manage depression or mania.

The sessions will help families, in a supportive group process, to learn more about:

- Bipolar disorder, personal mood charting and illness history
- Therapeutic strategies, including Interpersonal and Social Rhythm Therapy, Cognitive Behavioral Therapy, and Dialectical Behavioral Therapy
- Psychopharmacologic intervention and impact of other substances
- Communication and boundary setting, dealing with safety and critical issues, increasing support needed within and outside of the family system
- Relapse prevention, managing stress
- Helpful resources.

The group is led by the Depression Center Bipolar Disorder Team. For more information please contact the Depression Center at: 1-800-475-MICH