



Department of Psychiatry
Columbia University, College of P&S **NYS**
Psychiatric Institute

DIVISION OF BRAIN STIMULATION AND THERAPEUTIC MODULATION

JOURNAL CLUB

Edward J. Kilbane, MD

*PGY-4, Chief Resident in Psychiatry
Beth Israel Medical Center
and*

*Visiting Resident, Division of Brain Stimulation and Therapeutic Modulation
Department of Psychiatry, Columbia University*

will present the following papers

**Fisch M. Treatment of depression in cancer. Journal of the
National Cancer Institute Monographs. No. 32, 2004**

**Rasmussen KG et al. ECT in patients with intracranial masses.
J Neuropsychiatry Clin Neurosci. 2007;19(2): 191-3**

Wednesday March 25, 2009

1:00 PM to 2:00 PM

Location: New York State Psychiatric Institute, 1051 Riverside Drive, Room 5001

(Enter Kolb Annex, 40 Haven Ave., turn rt., walk through atrium and across bridge over Riverside Dr. to new NYSPI, take elevator to 5th Fl.)
(See over for brief speaker biography and J Club paper)

About Edward J. Kilbane, MD: Dr. Edward J. Kilbane is a PGY-4 and Chief Resident in Psychiatry at the Beth Israel Medical Center, New York, NY. In March 2009, he is doing a rotation with the Division of Brain Stimulation and Therapeutic Modulation, Columbia University. His interest within psychiatry is psychosomatic medicine and he will be commencing a fellowship at Memorial Sloan Kettering Cancer Center in July 2009. He hopes to utilize TMS/MST in the treatment of patients with cancer and to explore whether TMS has non-psychiatric applications in the setting of oncology.

Selected Publications of Dr. Edward J. Kilbane:

Kilbane EJ, Gokbayrak NS, Galynker I, Cohen L, Tross S. A review of panic and suicide in bipolar disorder: Does comorbidity increase risk? *J Affect Disord*. 2008 Nov 8. [Epub ahead of print]

Papers for Journal Club:

Fisch M. Treatment of depression in cancer. *Journal of the National Cancer Institute Monographs*. No. 32, 2004.

Depression occurs in about 15% of the general population and is at least two to three times more common in patients with cancer. Depression is often difficult to diagnose in these patients because of the complexity and constraints of cancer care, patient and family reluctance to acknowledge distress, and the presence of multiple other symptoms. Both antidepressants and psychotherapy are effective in treating depression in patients with cancer, much like in patients with other significant medical problems. Precise assessments of the benefits of treating depression in these patients are important in weighing them against the costs and potential adverse effects. Such estimates are limited by a paucity of randomized, placebo-controlled trials and methodological problems in the existing studies that reflect some of the clinical difficulties in case-finding, treatment, and follow-up of patients with cancer. The existing body of research about depression in cancer patients is extremely limited in terms of the number of studies published and the number of total patients reported over the last 30 years. Moreover, these limited data may not generalize well because of high rates of patient dropout and the very limited enrollment of children, adolescents, older adults, and minority groups. There is an emerging trend toward simplifying the assessment of depression in outpatient cancer care settings and studying depression therapies in cohorts of patients with cancer other than those with fully characterized depressive disorders.

Rasmussen KG et al. ECT in patients with intracranial masses. *J Neuropsychiatry Clin Neurosci*. 2007;19(2): 191-3.

The authors describe the electroconvulsive therapy (ECT) treatment of seven patients who had intracranial masses or mass effect and one patient who was status post mass resection. None suffered any neurological deterioration during ECT. They provide recommendations for clinical practice with such patients.