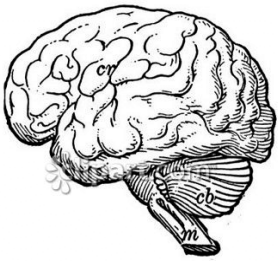

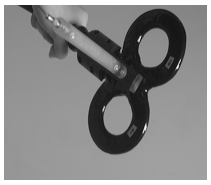

Department of Psychiatry

Columbia University, College of P&S NYS Psychiatric Institute

Division of Brain Stimulation and Therapeutic Modulation

Journal Club

Mary T. Rosedale,

PhD, PMHNP-BC, NEA-BC

Assistant Professor, College of Nursing
Joint Appointment, Department of Psychiatry
New York University

will present on proposed research as a semifinalist in the Robert Wood Johnson Nurse Faculty Scholar's Program

Characterizing post-ECT depression outcomes for women ≥ age 60

Wednesday April 29, 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 though atrium and across bridge over Riverside Dr. to new NYSPI, take elevator to 5th Fl.)

(See over for brief speaker biography, selected publications and paper for Journal Club)

About Mary T. Rosedale, PhD, PMHNP-BC, NEA-BC

Dr. Mary Rosedale is an assistant professor at the NYU College of Nursing with a joint appointment in the Department of Psychiatry, NYU Medical Center. She is an executive committee member of the Association for Convulsive Therapy (ACT), a clinical researcher in the Institute for Severe Persistent Research, Education and Services (INSPIRES), a board-certified psychiatric nurse practitioner, and a certified, advanced level nursing executive.

Presentation Summary

Dr. Rosedale is a semifinalist in the prestigious Robert Wood Johnson, Nurse Faculty Scholars (RWJNFS) program that supports the development of 15 future academic nurse leaders across the nation. She presents her proposed longitudinal study, ***Characterizing post-ECT outcomes for women > age 60***. "Yesterday interviews" are proposed as a method for describing patients' daily experiences. The World Health Organization, International Classification of Disability framework is proposed as a model for organizing semi-structured interview data. Several quantitative measures are used to additionally characterize distinct trajectories of depression relapse and remission.

Paper(s) to read for Journal Club

Lomax CL, Brown RG, Howard RJ. (2004). Measuring disability in patients with neurodegenerative disease using the Yesterday Interview. International Journal of Geriatric Psychiatry, 19(11), 1058-1064.

OBJECTIVES: To illustrate the use of time-budget methodology as a means of measuring disability within the framework of the World Health Organisation (WHO) International Classification of Functioning, Disability and Health (ICF) in a mixed group of patients with neurodegenerative disease. METHODS: A semi-structured interview method (the 'Yesterday Interview') was used to reconstruct the preceding 24-hour period in terms of activity, social and environmental context, and subjective enjoyment. Data were collected on 40 elderly control subjects and a sample of 99 community based patients diagnosed with either Parkinson's disease without or with dementia, Alzheimer's disease, Dementia with Lewy bodies, Progressive Supranuclear Palsy or Multiple System Atrophy. All participants were seen in their own home. The results were translated hierarchically into the ICF framework of disability domains, and further into a higher level formulation based on the constructs of discretionary/obligatory activity. RESULTS: Disability profiles were obtained for the patient group as a whole and for the individual disorders. Restricted patterns of time-use were noted across a range of domains encompassing both obligatory and discretionary activity, and accompanied by a significant increase in passive activity such as day-time sleeping or sitting in front of the television. The data also illustrated the restrictions in both the social and environmental contexts of the patient's lives, and the diminished levels of subjective enjoyment associated with their pattern of daily time-use. With the exception of time spent on discretionary activities, these various indices were significantly associated with standard clinical measures disability. CONCLUSIONS: With further studies to assess reliability and validity, time-use and contextual data obtained from structured interviews may provide a useful means of measuring disability within the ICF framework in patients with degenerative neurological disease. Copyright 2004 John Wiley & Sons, Ltd.

Rasmussen KG, Mueller M, Rummans TA, Husain MM, Petrides G, Knapp RG, Fink M, Sampson S, Bailine SH, & Kellner CH. (2009). Is baseline medication resistance associated with potential for relapse after successful remission of a depressive episode with ECT? Data from the Consortium for Research on Electroconvulsive Therapy (CORE). Journal of Clinical Psychiatry, 70(2), 232-237.

OBJECTIVE: To test whether pre-electroconvulsive therapy (ECT) medication resistance is associated with post-ECT relapse rates. METHOD: In a post hoc analysis of data from a large multicenter trial of post-ECT relapse prevention strategies (conducted from May 1997 to July 2004), we assessed whether response to antidepressant medications prior to ECT for a unipolar nonpsychotic depressive episode (DSM-IV) was associated with differential relapse rates after remission with ECT. Baseline (i.e., pre-ECT) medication use was assessed with the Antidepressant Treatment History Form. Following remission with ECT that was stable for 1 week, patients were randomly assigned to receive 6 months of treatment with either combination lithium carbonate/nortriptyline or continuation ECT. Relapse was assessed with the 24-item Hamilton Rating Scale for Depression. There were 146 patients followed in the first week after remission (termed the interim week in this study), and 73 in the randomized phase of the study. For the purposes of this trial, medication resistance is defined as not having responded to at least 1 adequate trial of an antidepressant medication before ECT. RESULTS: In the first week after acute remission, 9.8% of patients not having at least 1 antidepressant medication trial met relapse criteria, while 31.4% of medication-resistant patients met relapse criteria, a difference that was statistically significant ($p = .026$). In the randomized phase of the study, 34.6% of non-medication-resistant patients relapsed, while 50.0% of medication-resistant patients relapsed, a difference that was not significant ($p = .434$). CONCLUSION: We conclude that nonpsychotic patients who had at least 1 adequate antidepressant medication trial before ECT may be especially prone to early relapse after successful acute remission with ECT. Copyright 2009 Physicians Postgraduate Press, Inc.