



Synapse



THE WEST HUDSON PSYCHIATRIC SOCIETY NEWSLETTER

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Robert N. Sobel, M.D., Editor & Syed Abdullah, M.D., Co-Editor

WHPS Launches Mentoring Program

For the first time in the history of the West Hudson Psychiatric Society, a mentoring program for psychiatrists has been initiated. Dr. Madhu Ahluwalia, a member of WHPS is the Chairperson of this program. Dr. Ahluwalia and Dr. Scott Lawrence came to the Executive Council for the December meeting and suggested the idea of initiating a mentoring program for psychiatrists in both public and private service. For example, if a psychiatrist were to relocate to Rockland County and wanted to work for the State or County, that psychiatrist would be given the phone number to contact the person in charge in that area.

This would also be the case for psychiatrists in private practice. If a psychiatrist wished to start a private practice, he or she would be referred to a psychiatrist in private practice who would help to mentor them. I had the privilege of being the first "mentored". A few months ago I started a private practice and both Dr. Lawrence and Dr. Ahluwalia were generous with time and helped guide me through. Questions that are often asked by psychiatrists starting up a private practice have to do with the selection of insurance plans (and whether or not to join managed care) and how to get on the plans as well as setting up billing procedures, establishing patient charts, and how to get referrals. Even tips on psychopharmacology and reviewing difficult cases can be extremely helpful. Encouraging psychiatrists to start private practice would help alleviate the shortage in our area and help patients gain greater access to immediate treatment.

I was so grateful to both Dr. Ahluwalia and Dr. Lawrence and after experiencing how it was to have a mentor, this has been undertaken as a project for our district branch. On the national level, the APA has had a mentoring program for women psychiatrists. Several years ago I signed up and received the phone number of a woman psychiatrist in Westchester who was in private practice. After experiencing this mentoring program from both a national and local level, I truly feel we can benefit by having this within our own district branch since it is so valuable to communicate with other psychiatrists who know the resources in their local area. Hopefully, this project will lead to increased membership in the WHPS. Often, I am asked why should someone join the WHPS. This project will give members direct services and a definite reward for their membership.

Dr. Ahluwalia is organizing a committee of psychiatrists who would be interested in helping to set up this program. Dr. Tuckman, Dr. Flax, Dr. Brody, Dr. Lawrence, Dr. Tarle, and I have volunteered to help out. However, we need more volunteers!

Please call Dr. Ahluwalia (845-362-2115) or Dr. Kroplick (845-364-2428) if you are interested in helping other psychiatrists and your district branch with this great project.

We need your help in making this project a success!

Save the Date

Friday May 3, 2002

Mets' Psychiatrist to Speak to West Hudson Psychiatric Society

The New York Mets team psychiatrist Dr.

Alan Lans will be our guest speaker at our spring meeting. It should be an interesting evening. Come and learn how the New York Mets deal with stress of the baseball world.



Special Thank You To All WHPS Psychiatrists who have provided free sessions to World Trade Center Victims and other 9/11 victims. Your service is invaluable and is greatly appreciated. This project is still on-going. If you would like to participate, please call Dr. Flax at 845-638-6992.

Also, thank you to Dr. Dave Brody for doing a wonderful job coordinating our fall meeting. Dr. Michael Blumenfield, the guest speaker, spoke about "The World Trade Center Disaster- 39 Days Later." The meeting was very well attended. To Dr. Brody, Dr. Blumenfield, and all the psychiatrists and mental health professionals who attended the meeting- thank you for being part of this fascinating evening! ▲

Lois Kroplick, D.O.

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Malingering: Part II



Malingerers often mistakenly believe that the more bizarrely they behave, the more psychotic they will appear. The malingerer "sees less than the blind, he hears less than the deaf, and he is more lame than the paralyzed. Determined that his insanity shall not lack multiple and obvious signs, he, so-to-speak crowds the canvas, piles symptom upon symptom and so outstrips madness itself,

attaining to a but clumsy caricature of his assumed role," a description by Jones in 1917.

Malingerers also are eager to call attention to their illnesses in contrast to schizophrenics, who are often reluctant to discuss their symptoms. Some malingerers limit their symptoms to repeatedly volunteering one or two blatant delusions. Keep in mind that it is more difficult for malingerers to successfully imitate the form, rather than the content, of schizophrenic thinking. Derailment, neologisms and incoherent word salads are rarely simulated but complete mutism may be simulated. Malingerers also believe that everything must be remembered directly and the more inconsistent and absurd the presentation the better the deception. If a malingerer is asked to repeat an idea, he or she may do it quite exactly, whereas the genuine schizophrenic will go off on a tangent. Some malingerers give the appearance of profound concentration before they give absurd answers.

In addition, malingerers are unlikely to show subtle signs of residual schizophrenia, such as impaired relatedness, blunted affect, concreteness, digressive speech or peculiar thinking. It is also rare for malingerers to show perseveration. The presence of perseveration suggests actual organic damage. Very importantly, malingerer's symptoms usually fit no known diagnostic entity and frequently, since most malingerers do not have a concise understanding of the differences in presentation of different psychiatric disorders, they often select symptoms from various psychoses and organicity. Always consider malingering before you make a diagnosis of "atypical psychosis."

In reality, systematic delusions usually take several weeks to develop, while malingerers often claim the sudden onset of a delusion. And abruptly

renouncing a delusion should increase your suspicions. In addition, the content of faked delusions is generally persecutory, occasionally grandiose, but seldom self-deprecatory. Malingerer's behavior usually does not conform to their alleged delusions. Acute schizophrenic behavior usually does. Malingerers are likely to have contradictions in their accounts of their illness. The contradictions may be evident within the story itself, with inconsistencies in the story, or between the malingerer's version and other evidence. When malingerers are caught in contradictions, they may either sulk, laugh with embarrassment, or become angry; while individuals with true psychosis frequently withdraw and become silent.

Malingerers also are much more likely to answer "I don't know" to questions about psychotic symptoms, such as hallucinations and delusions, which delve further into the content of these hallucinations and delusions. As in false child sexual abuse, the presentation is generally superficial as it is difficult for the malingerer to add depth to the presentation of their psychosis. For example, when asked whether an alleged voice was male or female, one malingerer replied, 'it was probably a man's voice.' Malingerers also are more likely to repeat questions or answer questions slowly, to give themselves more time to make up answers.

In general, if an individual is brought to an emergency service or to a forensic psychiatrist for evaluation of their mental state during a crime, the malingerer is likely to have a non-

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SYNAPSE designed by Lydia Dmitrieff

psychotic motive for his behavior, such as killing to settle a grievance or seeking shelter in a hospital. A crime without apparent motive, such as killing a stranger, lends more credence to the presence of true mental illness. Genuine psychotic explanations for rape, robbery, check forging and the like, are very rare.

Malingers also have a habit of trying to take control of the interview and to behave in an intimidating, bizarre manner. They also, sometimes, accuse the clinicians of regarding them as faking. Such behavior is extremely rare in genuinely psychotic persons.

Do not forget, though, that individuals who have schizophrenia may also mangle additional symptoms to escape criminal responsibility, or to seek an increase in disability compensation. These are the most difficult cases to accurately assess, since clinicians have a lower index of suspicion for malingering when there's a history of psychiatric hospitalizations and the presence of schizophrenic symptoms in the past. These malingerers are able to draw upon their own prior experiences and their observations of other psychotic individuals. They know what questions to expect from clinicians. If they spend time in a forensic psychiatric hospital, they are likely to learn how to modify their story to fit the criteria for an insanity defense. But they do not do it well and their presentation does not fit other information or observation from other witnesses.

With regard to hallucinations and delusions, malingering should be suspected if any of the following are observed:

A. HALLUCINATIONS:

1. Continuous, rather than intermittent hallucinations.
2. Vague or inaudible hallucinations.
3. Hallucinations not associated with some delusional material.
4. Stilted language reported in the hallucinations.

5. The inability to state the strategies to diminish the voice.
6. A self report that all command hallucinations were obeyed, or had to be obeyed.
7. Inconsistency between the presence of the hallucinations and the presence of other symptoms of psychosis.

B. DELUSIONS:

1. Abrupt onset or termination.
2. Eagerness to call attention to them and to volunteer elaboration.
3. Conduct not consistent with delusions, such as a friendliness or extreme caricatured suspiciousness in the interview setting coupled with a paranoid delusion.
4. Bizarre content without disordered or bizarre thinking.

To take this further, we might add the following with regard to malingered psychosis of any type:

- a. An understandable motive to malingering.
- b. Variability of the presentation as observed in at least one of the following:
 1. Marked discrepancies between interview and non-interview behavior, especially in an emergency room and/or hospital.
 2. Inconsistencies in reported psychotic symptoms.
 3. Contradictions between reported prior episodes and documented psychiatric history.

c. Improbable psychiatric symptoms are evidenced by at least one of the following:

1. Reporting elaborate psychiatric symptoms which lack common paranoid, grandiose or religious themes.
2. Sudden emergence of purported psychiatric symptoms to explain antisocial behavior.
3. Atypical hallucinations or delusions.

d. Confirmation of malingered psychosis by either:

1. admission of malingering following the confrontation; and
2. the presence of strong corroborative information, such as psychometric testing or past history of dissimulation.

When working in an emergency room or an inpatient setting, information from other caregivers, including the police who brought the individual in, therapy aides, nurses and other staff, is extremely valuable, since they may very well observe the patient at times that the patient is not faking their psychotic presentation. I have evaluated a number of individuals who presented with serious psychotic symptoms, including disordered thinking and social withdrawal, who were also seen on the ward helping other patients with letters or playing various board and card games, in a goal directed, organized manner. ▲

Alan J. Tuckman, M.D.

CONGRATULATIONS are in order to several

of our members who will be recognized at the Convocation Program at the APA's Annual Meeting in Philadelphia. Burton August, M.D. will be listed among the Fifty Year Life Fellows and Members. In addition, David Birkett, M.D., Jerome Char, M.D. and Raghunath Mehta, M.D. will be recognized as Life Fellows, the highest honor our profession can bestow. Our district branch is fortunate to count these distinguished Fellows among our members.

Charles Guiteau, The Oneida Community, And Insanity

Charles Julius Guiteau was born on September 8, 1841, in Freeport, Illinois. As a youth Charles worked for his father Luther Guiteau who was a businessman, later elected county clerk, and then employed as a cashier in Freeport's Second National Bank. Luther Guiteau was opposed to sending his son Charles to college. However, in 1859, an inheritance from his maternal grandfather, provided Charles the means to attend the University of Michigan in Ann Arbor. Charles, a malcontent and forever joyless, was unhappy at the university. To find solace and direction, he turned to the religious doctrines of John Humphrey Noyes, founder of the Oneida Community in New York State in the 1840's. Humphrey Noyes had promulgated a kind of Bible communism. Here a communal living was practiced which included a form of 'complex communal marriage'. By the close of 1878 there were 306 of John Humphrey Noyes' followers living in this utopian community where every man was married to every woman and vice versa.

On the 23 acres of land in Oneida, Noyes established his nearly self-sufficient community essentially insulated from the

rest of the world. People, even those in a complex marriage relationship, were forbidden to develop exclusive attachment with each other because it would be selfish and idolatrous. Men were taught to practice continence. The community sustained itself with agriculture and cottage industry. Additional land was purchased, a communal dwelling house was built, and cottage industries mushroomed during the next few years.

In 1849, a small branches of the community were started in Brooklyn, Wallingford, Newark, Putney, Cambridge, and Manilus. But in 1885 most of these satellite communities were closed except the ones in Oneida and Wallingford. The Oneida Community attained financial success through the production of canned fruits and vegetables, and the manufacture of animal traps, chains, silk thread and silverware. The production of tableware reached a level of unmatched excellence, Oneida Ltd continues to be a leading name in the manufacture of flatware.

From 1849 to 1879 the community remained true to its original ideals, after

that the decline was rapid. In 1881 the community was reorganized, the practice of complex marriages was abandoned and it was incorporated as a joint stock company, called the "Oneida Community, Limited."



Charles Guiteau joined the community in 1860, during its heyday. The promise of an 'Eden on earth' seemed near at hand with Humphrey Noyes himself as God's agent in the promised land. Although still unsatisfied and grumbling, Charles lasted there for almost 5 years, leaving the community on April 3, 1865. At this time he conceived a notion that he had been chosen by God to spread Noyes ideas about "millennial communism." Persuing this dream, or delusion, he settled for a while in Hoboken, N.J where he attempted to start a newspaper called "Daily Theocrat." This project was short lived, and in July 20th 1865 he applied to re-enter the Oneida Community. This time he lasted in the Utopian community for just over a year.

After leaving the community for the second time he got into dispute with Mr. Noyes about money matters and came close to fight a court case against his former mentor. By August 1867 Charles Guiteau was in dire financial straights and turned to his sister Frances and brother-in-law, George Scoville for financial support. After working for a short time at Mr. Scoville's law office he returned to New York to work in Henry Ward Beecher's newspaper, the "Independent." In his grandiosity he had expected to be given editorial responsibility, instead he got an assignment selling subscriptions and advertisements. Disappointed and complaining he quit the newspaper job and returned to Chicago where he got a job in the law offices of General Reynolds and Phelps. While working there he

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managed to pass the Illinois bar, and set up a private law office of his own. In 1869 he married Annie Braun, a librarian. It was a stormy, unhappy marriage. He was accused of being abusive to his wife, reportedly locking her up in a closet for entire nights. In 1874 the marriage ended up in a divorce, his law practice collapsed, and, in the wake of the Chicago fire, he moved back to New York.

Undaunted by life experiences he tried his hand, unsuccessfully, at starting another newspaper the "Inter-Ocean." He returned to his sister and brother-in-law's generosity for shelter and support. One day his sister reported that he threatened her with a wood chopping axe. Frightened, she took him to the local doctor, who, after examining him declared that Charles should be institutionalized. Following this event he took off from his sister's house and became untraceable for a while. In 1876 he resurfaced as a regular attendant of Dwight Moody's revivalist meetings. From 1877 to 1880 Guiteau himself became an itinerant preacher, writing and disseminating his own sermons.

In 1880 he turned to politics in a big way, joined the Republican party and was involved in the intra-party conflict between the "Stalwarts" led by Roscoe Conkling and the "Half-Breeds" led by James Blaine who supported the president-elect James Abram Garfield. In his characteristic way Guiteau switched sides several times and became a familiar figure at the Republican headquarters on Fifth Avenue in New York City. After Garfield's election in 1881, Guiteau moved to Washington, D.C. with the grandiose expectation of a high level appointment with the new administration.

Disappointed, angry and full of vengeance he switched sides in the political fights going on between the President and the Stalwarts. When nothing came of his letters and appeals to the Secretary of States James G. Blaine, in mid-May 1881, Charles Guiteau conceived of a diabolical plot to 'remove' the President as a 'political necessity.' On July 2, 1881. The President was going on vacation accompanied by an entourage of his aides, including Secretary Blaine. Charles Guiteau shot him just as he arrived at the Baltimore and Potomac

Railroad Station, once in the arm and once in the back. Mortally wounded, Garfield lay in the White House for weeks. Alexander Graham Bell, inventor of the telephone, tried unsuccessfully to find the bullet lodged in the President's body, with an induction-balance electrical device which he had designed. On September 6th, Garfield was taken to the New Jersey seaside. On September 19th, 1881, he died from an infection and internal bleeding.

Guiteau was arrested on the spot and remanded to the District of Columbia jail. Guiteau wrote to General William T Sherman, stating "I have just shot the President. His death was a political necessity. I am a lawyer, theologian and politician. I am a stalwart of the Stalwarts. I was with General Grant, and the rest of our men in New York during the canvass. I am going to the jail. Please order out your troops and take possession of the jail at once. Very respectfully, Charles Guiteau."

In a fit of overwhelming grandiosity he wrote from the prison: "To the American people: I conceived the idea of removing the President four weeks ago. Not a soul knew of my purpose. I conceived the idea myself and kept it to myself. I read the newspapers carefully for and against

the Administration, and gradually the conviction settled on me that the President's removal was a political necessity, because he proved a traitor to the men that made him, and thereby imperilled the life of the Republic... this is not murder. It is a political necessity..." His trial began on November 14th 1881, and did not end until May 22nd 1882. A plea of insanity by neurologists, as well as members of the Guiteau family to President Chester A. Arthur, was rejected and a writ of execution was issued. On June 30th 1882, Charles Guiteau was hanged at the District of Columbia jail. On autopsy evidence was found that he suffered from brain syphilis.

The protracted trial of Guiteau sparked a feud between the neurologists and the psychiatrists. Dr. John Gray, the superintendent of the Utica State Hospital, N.Y. and long-time editor of the American Journal of Insanity (which later became the American Journal of Psychiatry), testified for the prosecution, arguing that Guiteau was perfectly sane when he shot the President. Spitzka, Hammond and other neurologists argued that Guiteau was affected by "reasoning mania" and thus was insane.

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Rockland Psychiatrist Authors a Groundbreaking Article

Disclosure: This article describes work in which I participated. Shameless self-promotion was not the intent, but I did utilize my prerogative as Public Affairs Rep to get this in this issue and to hopefully stimulate some discussion. The bulk of this article is appearing simultaneously in The Bulletin, the newsletter of the New York State Psychiatric Association.
-Leslie Citrome, MD, MPH.

Rockland psychiatrist Jan Volavka, MD, PhD, Professor of Psychiatry at New York University and Head of the Clinical Research Division at the Nathan S. Kline Institute for Psychiatric Research in Orangeburg, N.Y., is the lead author of a groundbreaking article on the treatment of some of our most challenging patients. Most of the co-authors are from (or were from) New York State.

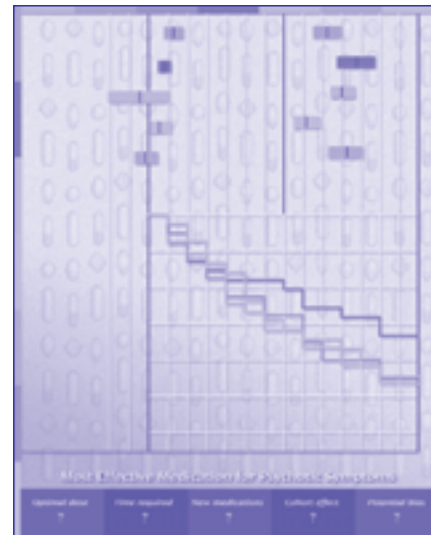
IN AJP

Appearing in the February 2002 issue

of the American Journal of Psychiatry (AJP 159(2):255-262), the paper describes a study that tested the efficacy of four antipsychotic medications (clozapine, olanzapine, risperidone and haloperidol) for treatment-resistant schizophrenia. This multicenter study, the first large-scale clinical trial of its kind, was funded primarily by a grant from the National Institute of Mental Health. Data were collected between mid-1996 and the start of 2000.

FOUR STATE HOSPITALS

Four state-operated psychiatric hospitals were selected as sites, with two located in New York State: Rockland Psychiatric Center in Orangeburg, N.Y. (affiliated with NKI and NYU); Manhattan Psychiatric Center in New York City (affiliated with NYU); Dorthea Dix Hospital in Raleigh, N.C. (affiliated with University of North Carolina); and John Umstead Hospital in Butner, N.C. (affiliated with Duke University). Entry criteria for subjects included



treatment resistance and DSM-IV chronic schizophrenia or schizoaffective disorder. The double-blind study randomly assigned 157 patients to clozapine, olanzapine, risperidone or haloperidol, and then followed the patients prospectively for 14 weeks.


ATYPICALS BETTER

Clozapine, risperidone, and olanzapine (but not haloperidol) resulted in statistically significant improvements in psychopathology, as measured by the total Positive and Negative Syndrome Scale (PANSS) score. Clozapine and olanzapine were also superior to haloperidol on total PANSS score and negative symptoms. The atypical drugs, particularly olanzapine and clozapine, were associated with weight gain. The effects of atypical antipsychotics in this population were noted to be statistically significant, but clinically modest. The overall pattern of results suggests that clozapine and olanzapine have similar general antipsychotic efficacy, and that risperidone may be somewhat less effective. Clozapine was the most effective treatment for negative

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symptoms. However, the differences among treatments were small.

CHALLENGING CLOZAPINE

Before this study, clozapine was the only medication that had been shown to be effective for patients nonresponsive to traditional neuroleptics. The importance of this study is that it tests the efficacy of the two most widely marketed new antipsychotics, olanzapine and risperidone, against the standard but difficult-to-use clozapine. The study reveals that both atypicals, but especially olanzapine, have clinical effectiveness similar to clozapine but with a different side-effect profile.

SUBANALYSES

The study has generated several sub-analyses, examining medication effects on hostility, weight gain and cognitive functioning, as well as studies examining neurocognitive correlates of genetic polymorphism in

chronic schizophrenia.

EDITORIAL

In an accompanying editorial, AJP Deputy Editor, David Lewis, MD, writes, "...The study was supported by a grant from the National Institute of Mental Health (NIMH), contributions of medications from four pharmaceutical corporations, and supplemental funding for the olanzapine arm (equal to about 18% of the total cost of the project) from Eli Lilly and Company, the manufacturer of olanzapine. This arrangement, a realistic compromise that made possible the direct comparison of four drugs, nonetheless raises concerns about potential bias given that olanzapine proved to be more effective than other drugs on some measures. However, in contrast to investigations that are initiated and controlled by industry, the authors had complete independence in the design, conduct, analysis and

interpretation of the study. In some ways, this study may represent a model approach for the support of clinical trials; that is, the study was designed and conducted by independent investigators, principally funded by the federal government, and supplemented by contributions from, but without undue influence by, the pharmaceutical industry. Indeed, such government/private collaborations for investigator-initiated research have been encouraged by the NIMH."

BOTTOM LINE

A clinician can conclude from this study that if a patient is treatment-resistant to older neuroleptics, a trial with olanzapine is a reasonable next step--with similar efficacy and less risky side effects--before clozapine is used. ▲

Les Citrome, M.D.

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Guiteau, cont'd.

Hammond and Spitzka continued their practice as successful neurologists. Dr. John Gray was shot to death by one of his patients two months after he had testified regarding Guiteau's sanity. The acrimonious debate between the psychiatrists and neurologists resulted in much bitterness and mutual denunciations. One of the psychiatrists, Dr. Eugene Grissom, an Asylum superintendent and a friend of Dr. John Gray, went overboard in attacking Dr. Hammond as a criminal, an atheist, a moral monster 'whose bowels are but bags of gold.' This was in apparent reference to the highly successful and lucrative practice that Dr. Hammond had. The latter, in response, cited the shortcomings of the Asylum superintendents and proposed that laymen, instead of psychiatrists, be appointed to that post to raise tomatoes, corn, turnips and other vegetables in the Asylum fields. This was an evident allusion to the farms that existed those days on Asylum grounds. He also suggested that Grissom might be insane. Grissom did indeed become insane from brain syphilis and committed suicide in 1902. ▲

Syed Abdullah, M.D.

**Synapse Wins Continuing Excellence Award
Syed Abdullah Receives Honorable Mention for his
Kallman Article**

2002 Newsletter Winners and Awards:

Less Than 12 Pages Winner: The Bulletin/ New York State
Continuing Excellence: Synapse/West Hudson Psychiatric Society

12 - 16 Pages: Winner: Rhode Island Psych Society Newsletter
Continuing Excellence: New Jersey Psychiatric News
Honorable Mention: NCPA/North Carolina Psych Association

Over 16 Pages: Winner: Wisconsin Psychiatrist
Continuing Excellence: California Psychiatrist, N. California Psychiatric Physician,
S. California Psychiatrists, Insight Matters/Ohio, LPMA Newsletter/Louisiana,
Kentucky Psychiatrist, Ideas of Reference/ Minnesota

It was recommended that the newsletters in the over 16 page category that did not win be given continuing excellence awards because the scores were very close and those newsletters have maintained a high standard of excellence over the years.

Best Editorial: "Terrorism at Home" DENIAL - Not a River in Egypt
William Greenberg, M.D., author/New Jersey Psychiatric News
Edward Leonard, Jr., M.D., author/Pennsylvania Psychiatrist

Outstanding Feature Article: Winner: Club Drugs: Part 1 - GHB, Rohypnol and
Drug Facilitated Rape; Nancy L. Rosser, M.D., author/Southern California
Psychiatrist

Honorable Mention: "Treating the Mind and Soul", Jill Rothberg, M.D.,
author/Northern California Psychiatric Physician

Honorable Mention: Franz J. Kallmann, M.D.: His Controversial Role in the Eugenics
Movement, Syed Abdullah, M.D., author/Synapse

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1992, 1999, 2000 and 2001 APA Newsletter of the Year Award • 1993 APA Continuing Excellence Award
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• 1998 APA Honorable Mention