



Synapse



THE WEST HUDSON PSYCHIATRIC SOCIETY NEWSLETTER

Published Bimonthly

July-August 1999 EDITION

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Advocacy for the Profession

If I am not for myself, who will be for me? But if I am only for myself, what am I? ... And if not now, when? -- Rabbi Hillel, ca. 60 BCE.

The American Psychiatric Association's strategic goals, as adopted by the Board of Trustees in 1998, are (in order):

- Advocating for Patients
- Advocating for the Profession
- Supporting Education, Training and Career Development
- Defining and Supporting Professional Values
- Enhancing the Scientific Basis of Psychiatric Care

Advocating for Patients was placed first on the list. This is a laudable stance - selfless, altruistic, honorable. One would hope that all professional organizations in the health care arena would place Advocating for Patients first on their list of priorities. But alas, this is not the case. While other professional organizations have been vocal and effective in taking care of the guild issues necessary to maintain and grow their professional futures, we as psychiatrists appear to be embarrassed at doing the same. As a group we don't give as much to Political Action Committees and we are not as politically active as some other providers of mental health care. This

will hurt us.

Yes, Advocating for Patients is clean, wholesome, and makes us feel good. At the same time we must be Advocating for the Profession. The dues-paying members of the American Psychiatric Association look towards the organization to stand up for them and to help them in their work. Maurice Rappaport, MD, PhD talks about Marketing Psychiatry (The Bulletin, Volume 41, Number 3 (Fall), 1998), where the organization would focus more on educating the public about what we do, and how well we do it. We need to place these efforts first, or else there won't be any of our own patients for us to advocate for.

A balance between guild issues and other pursuits is what we are all about. We must be for ourselves because no one else will do this for us. Of course, we must also be for our patients, but let's not be uncomfortable with marketing our profession.

Other issues: Our district branch is the third smallest in New York State, and fourteenth smallest in the nation, in terms of voting members. Despite our small size, the WHPS has been very active and has led the field in terms of coalition building, depression screening in shopping malls, referral manuals, our internet presence, and in newsletter quality. We have had a number of educational events and continue to be

active in planning more. Despite this, and our low DB dues, membership is falling. I want to appeal to all psychiatrists residing or working in

Rockland, Orange, Sullivan or Delaware counties to join the WHPS. I want to especially encourage those APA members who belong to another DB to transfer to the WHPS. There are many of you working and living in different geographic areas. If one of these areas is within our jurisdiction, you can transfer in (and save money in dues). If any WHPS members know of any potential candidates please let us know. I'd like to hear from you personally. I can be reached at 914-398-5595 or by e-mail at citrome@nki.rfmh.org.



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On Information, Knowledge and Wisdom

We are living in an age of information explosion. Information superhighway meanders through cyberspace right into our living rooms and has become available to everybody, young and old, wise and naive. Raw data become accessible to everyone irrespective of the person's ability to process them.

And yet it is in the processing of these bits and pieces of information that useable knowledge emerges. Unless a meaningful mosaic is built, in accordance with the needs and intelligence of the researchers', the fragments of information remain essentially useless. This step, the piecing together of the informational bits, is crucial in building usable knowledge. Knowledge built by this process carries with it certain risks as well as great rewards. A serious student doing a term paper can produce a high quality product provided he has a good mix of innate intelligence and wise guidance. In the hands of another student the swirl of information could lead to destructive results. For example, the know how of building explosives and weapons of destruction, in the hands of a misguided youth or adult can lead to tragedy and disaster.

information from the Internet, determines whether the knowledge he or she pieces together will have beneficial or destructive outcome. The events in the schools around the country are a proof of the dual nature of this free floating information in the cyberspace. We are to understand that information is not knowledge, and that knowledge can be dangerous if not laced with wisdom.

If the psyche of the gatherer of information is corrupted with the reactive emotions of hatred, anger, bigotry, impulsivity and a disregard for the welfare of others, we end up with a dangerous situation as witnessed at the



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SYNAPSE designed by Lydia Dmitrieff

The world view of the collator of

Advocacy for Ourselves continued

Fellowship: Although by the time you read this, the 1999 deadline will have passed, I urge you to consider applying for Fellowship in the APA in the year 2000. Members who have at least eight years of general membership are eligible. Forms are available through our WHPS secretary, Paul Ducker, MD, 914-357-6957. Requirements include documented excellence in at least five out of nine different areas: board certification, involvement in the work of the district branch or other components of the APA, involvement in other medical and professional organizations, participation in non-compensated mental health and medical

activities of social significance, community activities unrelated to income-producing activities, clinical contributions, administrative contributions, teaching contributions, and scientific and scholarly publications. Special emphasis is placed on APA involvement. Becoming active in your district branch is an excellent way to make sure you qualify for fellowship. For more information on how to go about becoming more involved, please contact me or any member of the executive council listed on page 2. ▲

Leslie Citrome, MD, MPH.

On Information, Knowledge and Wisdom

Continued from previous page

Colombine school. This is an example of information ending up in the wrong hands that were not constrained by guidance from a mature source of wisdom. Without recourse to wise counseling, information in the hands of the immature youth or adult is an invitation to disaster.

This leads us to the question: what is wisdom? Wisdom is that intuitive, innate state of mind that is characterized by seeing things as they really are, unbiased by the negative emotions of fear, hate, anger, jealousy, bigotry and arrogance etc. Wisdom guides us to right action and also tells us when not to act. Wisdom helps us see the unity of all existence leading us to do that which is for the good of the whole. Wisdom sharpens our perception of future problems and readiness to handle them as they arise, effectively and with compassion. Wisdom helps us sift through the avalanche of information that comes our way, separate misinformation and pseudo-information from the genuine stuff and weave these into wholesome patterns that become beneficial knowledge. The fruitless, destructive use of information is the result of the lack of wisdom in the process. The easy availability of bits and pieces of information to minds that are warped is potentially a dangerous situation as witnessed in the recent tragic events in the schools and elsewhere.

Information, by its very nature, is transitional and ever changing. Knowledge, on the other hand, lasts for a while and can be entombed in books and journals etc. Wisdom is perennial

and is that unitive force that makes us aware of the connectedness of all creation and the essential harmony and inter dependence of all existence. Aldous Huxley popularized this concept in his book "The Perennial Philosophy" (1945). There is an enduring oneness that penetrates all existence and ensures the survival and growth of the whole. Disturb any component of this whole and you end up with a wobbly, unstable system in which everyone is a loser. In China, under Mao's command, they started killing the sparrows because they were allegedly eating too much grain. The measure proved to be disastrous as it resulted in an explosive increase in the population of worms that caused greater damage to crops. The philosophies of greed, hatred, ethnic cleansing, intolerance, racial superiority etc result in convulsive upheavals in society and are marked with bloodshed and wars.

How does one inculcate the development of wisdom in the society at large and in the youth in particular? The Canadian philosopher, Copthorne Macdonald has written extensively on this subject. His book: 'On Wisdom' is well worth the attention of the educators and mentors of the youthful minds. In the protracted period of adolescence in our society, the youth experiences the thrills of becoming an adult without the concomitant sense of responsibility and the limits of freedom'. This poses special danger when he has unrestrained access to raw information at his finger tips. Macdonald states "Many of us are knowledgeable, but few of us are wise. During this century, industrial society

helped us become the most knowledgeable populace in history. Some of us applied our knowledge to the creation of powerful technologies. All of us have used those technologies to create comfortable lives for ourselves. Our intentions were usually honorable in all this, but our actions much of the time were not guided by that holistic, value-connected kind of understanding called wisdom".

According to Macdonald, wisdom involves seeing things clearly, as they are, untarnished by the reactive negative emotions of bigotry, anger and hatred. Acting, in difficult circumstances, with peace of mind, compassion, and loving-kindness to all, is the hallmark of the wise. The wise ones, from antiquity to the present time, have worked with relatively few pieces of information which they embellished richly, by their innate intuitive inspirations and the power that comes from the clarity of perception. These sages have left behind enduring lessons for all times. A perusal of the lives and teachings of such beings widens our horizon and enhances our lives. Their impact on society is far beyond their numbers. Central to their lives is oneness, justice, simplicity, beauty, truth, honesty, reality, kindness, patience and contentment. Maslow (1962) has commented on most of these values in his description of the self-actualizers. Inculcating these universal values from the cradle to the grave, is the noble responsibility of parents, teachers, councillors, clergy, and therapists. ▲

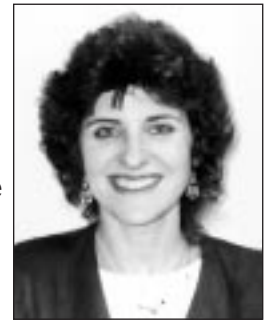
Syed Abdullah, M.D.

Mental Health Coalition and Police Work Together—A Great Success

I would like to thank everyone who helped to make the seminar for the police a great success! Over 60 people (police and mental health professionals, family members and advocates) were present to help establish a partnership between the police and mental health groups.

A special thank you to those presenters

including :Commissioner Mary Ann Walsh-Tozer, Les Citrome MD, Marc Tarle, MD, Karen Hanusik, BSN, Gerry Trautz, Mary Pesner, RNC, Mel Zalkin, CSW. Special recognition to Marge Davitt, CSW, Sherry Glickman, CSW, Norman Baker, and Co-President of the Coalition, Carol Olori, CSW for participating in the program and making it a success.



The message was that police play an important, because they are often the first people approaching a seriously mentally ill person who is acting bizarre. It was also stressed that most mentally ill people are not violent and are not involved in criminal activity. The coalition and the police accomplished the goal of the conference which was to start a partnership between police and mental health groups to promote understanding of the plight and pain of the mentally ill and their families and to show them the road to recovery with the message that treatment works!

On a bright note, I'd like to mention that this seminar was written up in the Rockland Journal News (both an article and an op ed piece) and will also be covered in the June issue of Psychiatric News. The Public Affairs Division of the American Psychiatric Association was thrilled to hear about this project. I have also received calls from other police agencies to put on similar education seminars!! This project was truly a break through in establishing a relationship with the police! If anyone has interest in helping out with future police projects, please call me at 364-2428.

On Sunday, May 23, 1999, the 1999 Picnic for Parity was held at the Mental Health Association Building in Valley Cottage. Due to torrential rain the picnic had to be moved from Rockland Lake to an indoor location! The rain



did not stop approximately 200 people from showing up to this event and who worked to make this a great success. They included:

1. Community Mental Health Promotion Team of Rockland County
2. Consumers in Action
3. Counseling Associates of Rockland County
4. Daytop Village Inc. Rockland Outreach Center
5. Good Samaritan Hospital
6. Jawonio, Inc.
7. Loeb House
8. Mental Health Association of Rockland County, Inc.
9. Mental Health Coalition of Rockland County, Inc.
10. NAMI-FAMILYA of Rockland County, Inc.
11. Nyack Hospital Recovery Center
12. Rockland Council on Alcoholism and other Drug Dependence
13. Rockland County Senior Health Care Coalition
14. St. Dominic's Home
15. West Hudson Psychiatric Society

The keynote speaker was Glenn Liebman, who is the Executive Director of NAMI-NYS. He noted that this picnic for parity was the largest picnic in New York State. He was impressed (as I was) how well the mental health groups (both professionals, family



members, and advocates) work together! Also present were Tom Morahan, who was the victorious candidate for State Senator two days after the picnic, and NYS Assemblyman Alex Gromack. Sidney Paul, CEO of the Mental Health Association, was the chair of the organizing committee which did an outstanding job. Next year, my goal is to have more psychiatrists

on the program and to act as participants!!

Believe it or not, this summer the Mental Health Coalition will begin planning for mental illness awareness week, next October. To be a part of the award winning coalition, call 914-364-2428.▲

*Lois Kroplick, DO,
Chair, Public Affairs*

Valproate and Malpractice

Informing parents of potential risks of side effects of medication, prior to instituting treatment, has certainly become a standard in medicine. Yet, we learn daily of newly discovered side effects. But unfortunately at times, studies may not have been published extensively enough and we may not learn about it until it becomes general knowledge. Of course, there is always the problem of weighing risks against benefits in every treatment, since risks certainly do exist with whatever treatment we contemplate instituting (or not instituting, thus increasing the risk for morbidity from the disease process itself).

Valproate (Depakote, Depakene) has almost replaced lithium as the first line treatment of Bipolar Disorder, given its increased efficacy, lack of need for regular blood level monitoring and to the present, acceptable side effects profile.

Yet, a very startling article in the January 1999 issue of *Biological Therapies in Psychiatry* (V. 22, #1) must make us rethink our use of Valproate, especially in young women being treated for epilepsy. The study, from Finland in 1993, with followup three years later, described these 238 women, aged 18-45, 94% taking an anti-seizure medication, who also were taking Valproate. Forty-three percent of those who took Valproate alone, and 50% of those taking Valproate with carbamazepine developed a "Polycystic ovarian syndrome".

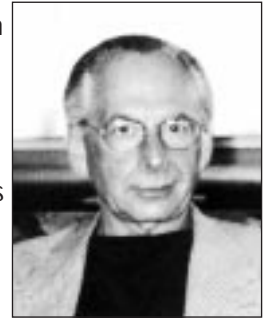
This disorder consists of elevated levels of androgens and anovulatory menstrual cycles. These women have menstrual disorders, hirsutism and obesity as well as hyper-insulinemia and masculinization. A greater risk of cardiovascular disease, insulin resistance, a potential increased risk of endometrial cancer and fertility

problems were associated with this disease.

Young epileptic women, not treated with Valproate, have a much lower incidence of this disorder, although patients with epilepsy do have a higher frequency of reproductive endocrine disorders than do healthy people. And we do not as yet, have data from women without epilepsy and with mood disorders, treated with Valproate.

So, where are we? First, we must remember this risk when using Valproate in young women (epileptic and non-epileptic) and it may be appropriate to discuss it with any young female epileptic patient who must be treated with Valproate, acquiring informed consent to the treatment, and

documenting it in your records, as we do with potential serious side effects of all other medications and treatments. At this stage of our knowledge, it may be appropriate to withhold the use of this drug in this population until more information is available, unless its use and risk is weighed against the risk of not using it, and its use becomes critical to the patient's welfare, and the informed patient agrees with your reasoning. ▲



Alan J. Tuckman, M.D.
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A Tribute to Richard A. Markoff, M.D. *continued from back page*

tempered by his experience and wisdom. In his charming, eloquent way, he always had a story to illustrate whatever issue was in front of us.

He was born in New York City on February 25, 1929. He attended public school and graduated from Stuyvesant High School. In the early 1950's, Dr. Markoff earned a B.A. and M.A. from New York University. He began his career in health care, not as a physician but as a physical therapist. Wanting to grow further, he pursued medicine and graduated from the NYU School of Medicine in 1959. His psychiatric training took place at the NYU/Bellevue program. During his residency he was named chief resident in psychiatry. He spent the next half-dozen years in various attending positions at the NYU complex and the bulk of his career at the University of Hawaii's John A. Burns School of Medicine where he reached the rank of Professor of Psychiatry. He was three times voted outstanding teacher by the medical students and residents. During his tenure in Hawaii, Richard was also Clinical Director at Hawaii State Hospital (1980-1988) and at the Queen's Medical Center (1988-1994). He retired from the University of Hawaii in 1994, but retained the rank of Professor Emeritus. He continued to enjoy returning to Hawaii on a yearly basis to deliver lectures. As part of his continuing eagerness to grow further, just about 2 weeks before his untimely death he took the Boards in Forensic Psychiatry.

His research interests began in medical school in areas other than psychiatry. His psychiatric research interests were broad and varied, encompassing psychopharmacology, transcultural psychiatry, pain management and long-distance running. He most enjoyed reflecting on the unexpected interest in his work on "Endorphins and Mood Changes in Long-Distance Running" work

done in the early 80's that still receives requests for reprints. He authored three book chapters, numerous articles and was an expert on issues of psychopharmacology.

As clinical director he vigorously worked at simplifying procedures to make it easier to treat patients by removing bureaucratic roadblocks. As a consequence, our patients can more easily be tried on the latest treatments. He supported and encouraged the development of an ECT program at both facilities and we shortly expect to launch the program. He encouraged and developed a structured progress note for psychiatrists in order to improve consistency and precision in monitoring our patients. He actively participated in revising policies so that they could be understood and carried out, while keeping an eye on both clinical utility and risk management.

We can remember him as an inspiration that age is not merely a matter of the clock but an attitude and outlook. We



can also remember him as an educator, scientist, physician, administrator and a dear colleague. I am grateful that our paths crossed and I had the good fortune to work with him. I am sure all of us who knew him feel the same. ▲

Robert N. Sobel, MD

Physicians Can E-Mail or Fax Prescriptions to Pharmacists Starting June 18

Beginning June 18, New York patients will be able to have their prescriptions from their physicians filled via e-mail or fax. The new system is designed to cut down on errors that stem from poor writing or misunderstood telephone orders. The new law also requires that the pharmacists give face-to-face explanations for every prescription they fill. Unlicensed staff may not offer prescription advice to consumers. The new electronic system also lets consumers fill a prescription at one pharmacy and refill it elsewhere, which is not allowed under current law.

Physicians can still hand write

prescriptions and phone orders will still be honored. The new regulations neither mandate that prescriptions be filled electronically nor do they in any way permit the writing of prescriptions by anyone other than a New York State licensed physician.

The state Board of Regents said that it hopes the new policy will eliminate up to 40% of prescription errors, and predicted that within 3 years, half of an estimated 1655 million annual prescriptions in the state will be handled electronically.

*From the
Medical Society of
the State of New York*

A Tribute to Richard A. Markoff, M.D.

On May 4, 1999 Dr. Markoff collapsed while jogging. Richard was clinical director of both Rockland and Middletown Psychiatric Centers at the time of his death.

Although Dick had reached the stage in life where he qualified for Medicare, the sparkle in his eyes gave a more accurate picture of who he was. After a full career as professor of Psychiatry at the University of Hawaii, he and his new wife came to begin a new life and career in Orange County. He began this new career as Clinical Director at Middletown Psychiatric Center and when called on, he assumed the role of joint Clinical Director for Middletown and Rockland.

He was as much at home opening a rock concert playing his bagpipes as he was in making clinical rounds in the units. He continued to pursue research as well as to encourage and help others put together a meaningful research protocol and gather meaningful and useful data.. He understood the nuances and could convey the essentials of even the most

arcane statistical concepts. Yet, he could get a charge out of a madcap ride through the traffic of New York City in a state van. At Rockland when he wasn't consulting on a patient or in a meeting, he would sit at the computer massaging data related to his ongoing research.

His presence was felt whether he was working with his colleagues on a hospital policy or celebrating the opening of the mid-rise in his kilt and playing his bagpipes.

He spoke softly and gently, but easily commanded attention. He had a great ability to explain clinical matters and an extraordinarily broad understanding of mental health issues. His thinking was always crisp, clinically astute, well-reasoned and



Richard A. Markoff, M.D.

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1992 and 1999 APA Newsletter of the Year for Small District Branches • 1993 APA Continuing Excellence Award
• 1995 APA Continuing Excellence Award • 1997 5 Year Continuing Excellence Award
1998 APA Honorable Mention