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CAMH Science: Centred on Discovery

Science Synopsis from the Research Program
Volume One, Issue One

From the Desk of Shitij Kapur, Chief of Research

The main role of a scientist is to discover – but that is not where the journey ends, that is where it begins. For science to benefit society, its findings and their meaning need to be shared broadly. And that is what we want to do with this new, quarterly newsletter.

“CAMH Science: Centred on Discovery”, for discovery is at the heart of our work here. But research is not just about discovering; it is also about sharing our discoveries with all those who have an interest in science, not just the academic population. Research must also go that next step and apply new knowledge to practical situations and settings. It's no longer enough to just make the discovery, scientist must now also make a commitment to relate this information to mental illness and addictions issues that people are facing right now.

To this end, we have enhanced our communications capacity to better provide information on how our work impacts the lives of individuals affected by mental illness and addictions. We are also in our second year of the Community Research Capacity Enhancement Program, which fosters research partnerships with community agencies across the province.

By taking these steps, we are better connecting the laboratory to the living room and making CAMH science relatable and relevant to the public interests.

This is a first step. And like all first steps may have a wobble in it. We are interested in your feedback: about your Science, about this Newsletter, and what other information you would like about the work we do.

Happy reading.

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Talk Back

Got a story idea you'd like to share? Contact the editor at leah_kirkpatrick@camh.net with your ideas. All suggestions and comments are welcome.

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Spring 2006 News and Events

Can the Internet Help Problem Drinking?

John Cunningham, scientist in Population & Course Studies section, received a 2-year, \$291,600 US grant from the National Institute of Health to evaluate the impact of Internet-based self-help intervention for problem drinkers.

There are many drinking self-change websites on the Internet. However, none have been scientifically evaluated so it is unknown whether such sites do more good than harm. Dr. Cunningham's project will be the first large scale, controlled evaluation of internet-based self-help interventions.

We already know that self-change interventions have great potential to aid the many problem drinkers who do not seek formal treatment. This type of intervention circumvents some of the barriers associated with traditional treatment services and they are relatively inexpensive, increasing their potential for wide distribution and improving public health impact.

The intent of Dr. Cunningham's project is to advance the science of Internet-based intervention as well as provide valuable public health information on the effectiveness of Internet-delivered self-help materials.

New Hire Orientation Session
Tuesday, April 18, 2006
1:30 p.m. to 4:30 p.m.

The Research Program is committed to ensuring that research staff and graduate students have learning opportunities to strengthen the quality of research conducted at CAMH, protect subjects, and develop enhanced skills.

To support this, the Research Program has launched a new orientation session specifically for research staff, graduate students and post doctoral fellows. The first session is an elective, pilot workshop offered only to recently hired (Sept to March). Space is limited to 20 participants and your feedback will be highly valued.

For more information contact Sandy Richards at sandy_richards@camh.net

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Profile: C.O.R.E Award Recipient Roger Raymond

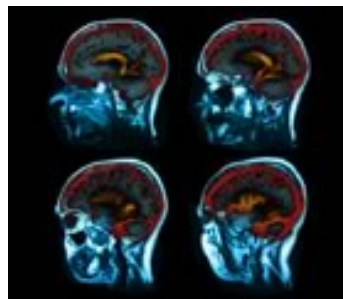
“It’s about time you were recognized.” This is what one colleague said when Lab Coordinator Roger Raymond received an inaugural CAMH Outstanding Research Employee (C.O.R.E) Award. Roger’s co-workers in the neuroimaging section of the Neuroscience Department have always acknowledged his energy and impeccable work ethic, but this time the entire Research Department learned just what an asset Roger is.

In the lab, it is Roger’s responsibility to make sure things run smoothly. “I order supplies, fix equipment, trouble shoot, and train new students in the ways of the lab”, he said. Roger also does all of the background work on new experiments. “This is the part of my job I enjoy most, tackling new experiments.”

During his 15 years at CAMH, Roger has always done that extra bit of reading or investigating to make sure a new experiment is set up right the first time. And this work has been a tremendous benefit to the lab. He owes a lot of gratitude to many other Researchers who allow him to access equipment and resources, and to other technicians who share their expertise with him.

For example, Roger helped

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develop In Situ Hybridization, a technique used to monitor messenger RNA in the brain and subsequently detect changes in proteins. This kind of research provides information on how mental illness and addition functions at the cellular level, and is currently used routinely in his lab.

For Roger, good enough is not an option. He likes the sense of accomplishment of a job done well. "Bottom line, I hate to lose so I'll keep working until the task is done and done right." When asked if he thought this was the reason he received a 2006 C.O.R.E Award, Roger shyly smiled and said, "I think so. And I was very happy to be recognized and I felt proud of my accomplishments."

He may have started working at CAMH by chance, but it is no secret that it is hard work and determination that makes him irreplaceable in the Neuroimaging lab. It is this daily commitment to excellence that earned Roger the formal recognition of his peers when he was presented with a 2006 C.O.R.E Award.

Congratulations Roger, and thank you.

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Does a Common Genetic Difference Underlie Alcohol and Nicotine Addiction?

For the first time, CAMH's Dr. A.D. Lê and colleagues found experimental evidence to support the theory that a shared genetic determinant accounts for co-abuse of the most frequently used drugs in the world, nicotine and alcohol.

Studies show that individuals who suffer from alcoholism are more likely to smoke, compared to the general population. In fact, the prevalence of smoking in people with alcoholism is about 3 times higher than in the general population. Results from studies involving twins have led to the theory that a common genetic difference puts twins at risk for both alcohol and nicotine addiction. However, investigating this theory in human studies is hindered by the possibility that smoking leads to drinking and vice versa. This study showed that an affinity for nicotine could be demonstrated before exposure to alcohol.

In a paper recently released in the Journal of Neuroscience, Dr. Lê and colleagues directly tested the hypothesis that a common genetic difference underlies alcohol and nicotine addiction. In the study, two genetically distinct kinds of rats learned to press a lever and give themselves nicotine injections. Dr. Lê and colleagues study the rats' behaviour, to

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determine if P rats (a heavy-drinking rat strain bred to prefer alcohol) were more likely to self-administer nicotine, versus NP rats (a strain bred for low alcohol preference). The scientists found that the P rats self-administered more than twice the amount of intravenous nicotine as the NP rats. In addition, the experiments showed that P rats were more vulnerable to nicotine relapse.

Dr. Lê and his co-investigators also found that these differences were specific to alcohol and nicotine. When both strains of rats learned to press a lever to receive cocaine, each group took the same amount of the drug.

The results of this study provide a better understanding about the co-abuse of nicotine and alcohol. This kind of information could lead to diagnostic tools and targeted treatment programs to help prevent and treat alcohol and nicotine addiction.

For more information on this work, visit <http://www.jneurosci.org>

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Depression in Elderly Patients

There is limited data on depression treatment for patients 70 and over. Yet, elderly patients with depression, including those who are first developing the illness in later life, are at high risk for recurrence, disability and mortality.

Studies show that over 2-3 years, depression is 50-90% likely to recur in older patients. The treatment goal for older patients is therefore not only recovery, but also preventing the illness from recurring. To maintain the mental health of older people, it is very important to find practical and affordable depression management strategies that are effective in preventing recurrence.

In an article recently published in the New England Journal of Medicine, CAMH's Drs. Benoit Mulsant and Bruce Pollock, and colleagues, demonstrated that patients 70 and older were less likely to have recurrent depression if they received two years of maintenance therapy with an anti-depressant medication.

In this study, scientists tested the effectiveness of an anti-depressant and interpersonal psychotherapy (personal analysis with a nurse, social worker and/or psychologist) in treating patients 70 and older with depression. In

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this group, 55% of the participants were experiencing depression for the first time. Following response to the two therapies, patients were randomly assigned to one of four maintenance treatment programs. Patients received either the medication or a placebo combined with either monthly psychotherapy or clinical management sessions.

The study showed that major depression recurred over two years in 35% of patients who received the medication and psychotherapy, 37% of the patients who received medication and clinical management, 68% who received placebo and psychotherapy, and 58% who received placebo and clinical management. This shows that patients were less likely to have recurrent depression if they received two years of maintenance therapy with an anti-depressant medication. This study also shows that maintenance monthly psychotherapy did not prevent depression from recurring.

To date, there has been no consensus about the appropriateness of long-term maintenance treatment for depression in elderly patients. This data adds substantially to the body of knowledge regarding long-term treatment strategies in elderly people with depression, especially those with a first episode of this disease. These observations can inform long-term disease management strategies for treating elderly people with depression in general medical settings.

For more information visit <http://content.nejm.org/>

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Nature and Prevalence of Extended Work Schedules for Nurses

A well-rested nursing staff is essential to providing quality care. However, dramatic changes in the healthcare industry have significantly increased the demands on nursing staff, the largest segment of the healthcare work force.

Although current evidence indicates that extended schedules have a negative effect on nurses' health and patient care, little is known about the frequency of extended work schedules across all nursing settings.

In a recent paper published in the American Journal of Nursing, CAMH's Dr. Carles Muntaner, Chair in Psychiatry and Addiction Nursing Research, and colleagues sought to fill this research gap by describing the nature and prevalence of extended work schedules across the nursing profession.

The researchers analyzed quantitative survey data from 2,273 registered nurses in two U.S. states. This study analyzed hospital staff nurses, those working more than one job, single parents and those over the age of 50. Researchers reviewed demographic data, information about the respondents' primary jobs, and work schedule variables

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including data on breaks, overtime, on-call requirements, time off between shifts and how often respondents worked more than 13 hours per day on scheduled days off and vacation days.

More than one quarter of the sample reported that they typically worked 12 or more hours per day. One third of the total sample worked more than 40 hours per week and more than one third had worked six or more days in a row at least once in the preceding six months. A quarter of the nurses with more than one job worked 50 or more hours per week, and they were more likely to work many days consecutively, without sufficient rest between shifts, and during scheduled time off. Single parents were as likely as those with more than one job to work 13 to 15 hours per day and many days consecutively.

The study reveals that a substantial portion of nurses reported working schedules that compromised their health and patient care, demonstrating that there should be industry-wide concern about this issue. The authors suggest that health care providers and legislators need to recognize the limits within which nurses can safely practice. They further suggest that promoting optimal working conditions could create loyalty and stability in a workforce that continually strives to maintain these qualities.

While anecdotal information has been widely available, this work of Dr. Muntaner and colleagues' quantifies the adverse working conditions of nurses. The next step will be to use this information to implement solutions to protect the health of nurses and patients, and evaluate these measures to help inform policy.

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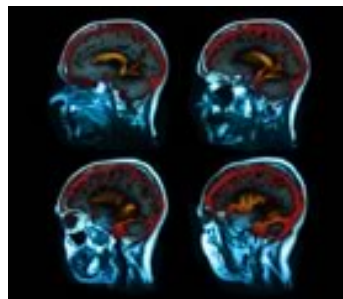
Changing our Understanding of Antipsychotic Medications

It started off as a search for chemical receptors in the brain that drugs can act on. It has ultimately led to changing our understanding of how quickly antipsychotic medications work.

Several years ago, Dr. Shitij Kapur and his colleagues at the Centre for Addiction and Mental Health (CAMH) and the University of Toronto used brain imaging technology to demonstrate where antipsychotics act in the brain and how fast they get there. They were surprised to find that the medications reached targeted areas of the brain and established sufficient levels to start relieving symptoms of schizophrenia within several hours. The researchers also discovered that the medication stayed in the brain much longer than blood levels would predict. Yet, the current clinical dogma supported the delayed onset hypothesis, which suggests that there is a long delay before antipsychotic medications become effective. This led the group to a series of further studies.

In a recent article published in the Journal of Psychiatry and Neuroscience, Drs. Agid, Kapur and Seeman reviewed data from a number of trials to question the delayed onset hypothesis. They reviewed data from 42 clinical

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trials involving 7,450 patients. The researchers showed that the effects of antipsychotic medications, used to treat schizophrenia, are evident within the very first week. This means there was no delayed onset of effectiveness.

To further identify precisely when within the first week the effects began, the researchers reviewed data from studies using injectable antipsychotics. They showed that improvements occurred within the very first day. The paper also reviewed data from a German study by Leucht et al., which studied subjects for an entire year. This study showed that more than half the improvement that researchers observed with the first year was evident with the first two weeks of treatment.

While these data challenge current dogma, the results do not mean that an individual experiencing psychosis would be treated with medication and immediately released from hospital.

Said Dr. Phillip Seeman, “the patient has the fire stopped by medication, but the smoke lingers on. The origin of the psychosis is blocked by medication, but the memory of these psychotic thoughts lingers and takes a few weeks to calm down.”

This work could also impact how clinical trials in new medications should be designed for the future. According to Dr. Kapur, “Because we all thought that antipsychotic effect took a few weeks to begin, clinical trials are usually of 6-8 weeks duration. The new ideas question that premise. We could see shorter and more efficient trials. This could reduce the exposure and expense of drug development.”

Challenging and changing

psychiatric dogma does not immediately relate to changes in treatment for individuals with schizophrenia. This kind of fundamental shift in thinking does take time to implement. But, the data from this review, along with recent findings from other groups around the world, seriously questions the dogma that has been at the heart of clinical psychiatry for years. It challenges the delay onset hypothesis and may ultimately lead to improved schizophrenia treatment.

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