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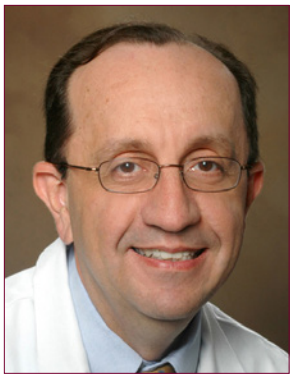
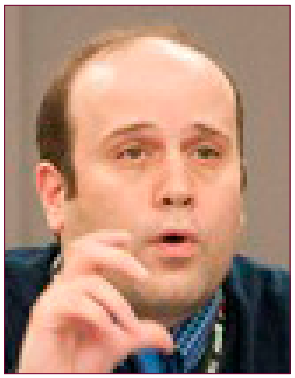
RHODE ISLAND MEDICAL SOCIETY

Brown, RIH Win $1.7M in Grants to Teach Addiction Screening



Michael Mello, MD, MPH



Paul George, MD, MHPE

PROVIDENCE – Two closely related three-year grants – one to Brown University and one to Rhode Island Hospital – will integrate extensive training in substance abuse screening and intervention into the curriculum not only for medical students and residents but also for students in social work, nursing, and pharmacy.

The grants of $916,851 to Brown and $788,403 to Rhode Island Hospital come from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA). At Brown, **DR. PAUL GEORGE** is developing training for medical students in all four years of instruction at the Alpert Medical School, and is collaborating with Rhode Island College to create curriculum for nursing and social work students and the University of Rhode Island for pharmacy students. At Rhode Island Hospital **DR. MICHAEL MELLO** will produce a training program and curriculum for fourth-year medical students and residents in emergency medicine.

"Opiate overdoses have surpassed motor vehicle crashes as being the leading cause of unintentional injury death in Rhode Islanders, and alcohol misuse continues to contribute to our burden of injury and illness," said Dr. Mello, professor of emergency medicine and director of the injury prevention center at Rhode Island Hospital.

Brown curriculum will expand

Addiction medicine has long been a part of the Alpert Medical School's curriculum, but the rapid growth of the opioid epidemic requires the new training, said Dr. George, associate professor of family medicine. "Deaths related to opioid overdose have risen dramatically in the last five to 10 years," he said. "It's something most physicians will see at some point in their career, regardless of what specialty they go into."

The training, Dr. Mello said, is based on decades of research that have validated a model called SBIRT, or screening, brief intervention, and referral to treatment.

In SBIRT a doctor, nurse, pharmacist, social worker or other care giver asks the patient standardized questions to assess substance use. If a patient is engaging in risky behavior, the provider provides some feedback and advice. When patients need even more help, the provider gives them a referral to get it.

Dr. George said the curriculum for medical students will stretch from year one to residency. First-year students will get introductory lectures on pain management – many opioid addictions begin with prescribed pain drugs.

In April, first-year students will also team up with social work, nursing, and pharmacy students in workshops where they all work together to screen and intervene "standardized patients" who are actors. They'll also hear from people who have had real experiences with opioid addiction, and they'll learn how to administer naloxone, the drug that prevents overdose deaths.

In later years medical students will work on case studies in class and will employ SBIRT with at least five patients during each of their yearly doctoring courses and in some of their clerkships. Nursing, pharmacy, and social work students will also apply SBIRT in their educational work with community members.

"When we wrote our grant we projected that we would screen approximately 30,000 Rhode Islanders for substance abuse disorders and probably provide a brief intervention and referral for treatment for about a third of those," Dr. George said.

For medical students, demonstrating competency with SBIRT will become a graduation requirement. It will be part of the Objective Structured Clinical Examination that students must take in their fourth year.

ED Focus at RIH

The Emergency Department setting is particularly crucial for the training, Dr. Mello said.

"Epidemiological data has shown that the population that comes to emergency departments has higher rate of substance abuse than the general community so it is a very important skill for providers working in emergency departments to have," Dr. Mello said.

The Rhode Island Hospital grant will therefore focus on teaching residents and students who rotate through the Emergency Department to integrate SBIRT into routine clinical care. They'll use the hospital's simulation center and will work with real patients under the supervision of attending there. Students and residents will get feedback on the spot and in weekly conferences.

Part of the grant, Dr. Mello added, will fund training for attending physicians in supervising and evaluating the SBIRT practices of residents and students.

Since the grants first began in October, many curricular materials, such as case studies, have been developed for SBRIT training. Implementation in the classroom, doctor's offices, workshops and emergency department will begin in spring semester 2016. ❖

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Outpatient detoxification program available at Butler Hospital

PROVIDENCE – Butler Hospital recently opened an outpatient detoxification unit as an addition to its alcohol and drug treatment services. The ambulatory program provides medically managed safe withdrawal from alcohol and/or heroin, opioid or other prescription medications to adults 18 years or older. "This service allows Butler to expand our ability to support people suffering with the disease of addiction when they are ready to start their recovery process and continue to be there to guide their next step in the recovery journey," said Alcohol and Drug Program Unit Chief **ALAN GORDON, MD**.

The addition of outpatient detoxification services to Butler's recovery program provides another entry point to addiction treatment for Rhode Islanders. The ambulatory program was designed to ensure qualified people are identified, admission and participation in the program is as easy as possible to manage, and transfer to a next level of care is seamless. The program has been designed to meet coverage requirements by most insurance plans popular in Rhode Island.

The treatment team, consisting of a psychiatrist, registered nurse, a licensed clinical social worker and a recovery coach, all specialize in addictions treatment. The program is currently open five days a week, Monday through Friday from 7:00 a.m. to 3:30 p.m. on the second floor of Center House, located on the Butler Hospital campus. A person is eligible for outpatient detoxification services if he or she has no history of delirium tremens (DTs) or seizures during withdrawal, is stable with any other medical or psychiatric co-occurring conditions, has transportation to and from the hospital campus, and has at-home assistance to cope with the physical and emotional stressors of detoxification.

Dr. Gordon emphasized that important components of the screening process are ensuring available home support and confidence that there is no abuse of alcohol or substances while participating in the detoxification process. "Generally speaking, the patient needs to be in reasonable general health, without unstable psychiatric symptoms, and to have the needed support at home to assist in coping with the physical and emotional stressors of the process," he said.

A treatment course is typically three to five consecutive visits to administer medications under nurse supervision. The physician monitors the process to determine the number of visits necessary to enable the patient to safely withdraw. An on-site pharmacy allows patients to pick up prescribed medications before leaving the campus for self-managed care overnight. Patients also have access to emergency support, with the option of transitioning to inpatient treatment if the detoxification is not progressing appropriately. When the patient is sufficiently stable, the team assists with advising and transitioning the patient to the most appropriate next outpatient level of care. ❖

Lifespan, Brown, Care New England, University of Rhode Island, Providence VA Medical Center forge neuroscience research agreement

PROVIDENCE – Lifespan, Brown University, the University of Rhode Island, Care New England and the Providence VA Medical Center have entered into a formal agreement to work jointly on identifying the causes as well as treatments for a wide-range of diseases and disorders, such as Alzheimer's disease, epilepsy, stroke, traumatic brain injury and autism.

Rhode Island is the only state in the country to have such a statewide effort of all the major institutions involved in this field.

Leaders from the institutions are confident that collaboration will result in larger, more comprehensive research projects, with institutions leveraging each other's neuroscience work, which includes:

- Lifespan's Norman Prince Neurosciences Institute
- The Brown Institute for Brain Science (BIBS)
- URI's George and Anne Ryan Institute for Neuroscience
- The Providence VA Medical Center's Center of Excellence for Neurorestoration and Neurotechnology
- Care New England's psychiatry research at Butler Hospital and autism work at Women & Infants Hospital

The institutions' researchers are excited about potential benefits that include co-funding pilot grant programs, cross-institutional appointments, educational opportunities for researchers and staff, and the sharing of information, equipment and facilities.

Part of the MOU is the creation of the Committee on Coordination on Neuroscience Research within Rhode Island, which will spearhead the inter-institutional initiatives envisioned. Members of this committee are: **DIANE LIPSCOMBE, PhD**, and **R. JOHN DAVENPORT, PhD**, from Brown University; **JOHN ROBSON, PhD**, and **ZIYA GOKASLAN, MD**, from Lifespan; **LAWRENCE PRICE, MD**, and **STEVEN RASMUSSEN, MD**, from Care New England; **PAULA GRAMMAS, PhD**, and **WILLIAM RENEHAN, PhD**, from the University of Rhode Island; and **LEIGH HOCHBERG, MD, PhD**, and **BENJAMIN D. GREENBERG, MD, PhD**, from the VA Medical Center. ❖

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Bradley Hospital Enrolling Teens with Tic Disorder for Research Study

Study will examine how the brain and environment interact to influence tics

PROVIDENCE – The Pediatric Anxiety Research Center at Bradley Hospital has begun enrolling teens for a study focused on the relationship between brain activity and tics – sudden sounds or movements of the body that a person cannot control – in hopes of developing a more effective treatment.

Tics are the most common movement disorder in children. Up to 20 percent of youth will have tics at some point, and one percent will have chronic tics lasting at least one year. Tics can be associated with many challenges, including physical pain, bullying or teasing, poor self-esteem, academic problems and family conflict. Nearly 80 percent of youth with tics also have other emotional and behavioral difficulties, such as obsessive compulsive disorder (OCD) and attention deficit hyperactivity disorder (ADHD). Currently there is no cure for tic disorders. Existing treatments for tics are designed to improve tic suppression, but are not highly effective for many children.

"Previous research has shown that a part of the brain called the supplementary motor area (SMA) is overactive in people with tics. The SMA is very important in selecting a motor action that is appropriate for a given situation," said **CHRISTINE CONELEA, PhD**, principal investigator for the study. "We also know from previous studies that environment can affect tic expression. For example, some kids have worse tics when they are in a place that is overstimulating or when people make comments about tics. However, we don't yet understand how the SMA and the environment interact in tics. Our goal is to learn if we can improve tics by reducing activity in the SMA, while also creating an environment that supports teens' efforts to suppress."

The study will include teens between the ages of 13 and 18 who have a tic disorder or Tourette syndrome. The study involves an assessment of symptoms, an MRI brain scan and transcranial magnetic stimulation (TMS).

"TMS research involves holding a hand-sized magnet over someone's scalp, which can either temporarily inhibit or activate the brain cells underneath**.** We are using TMS to learn if temporarily reducing the overactivity in the SMA makes tics easier to suppress," said Conelea. "Afterward, we look at how often the teens had tics right before and after the TMS."

Previous research on tic treatment has always examined the separate effects of either a biological treatment, such as medication or TMS, or a behavioral treatment, such as behavior therapy. By better understanding how the brain and environment interact to influence tic suppression, the study team hopes to pave the way for the development of new treatments that involve a combined behavioral and biological approach. ❖

Bradley Hospital continues to expand inpatient capacity for children and teens locally, regionally

Renews contract with Boston Children's Hospital to provide world-class psychiatric care

EAST PROVIDENCE – Bradley Hospital has renewed a contract with Boston Children's Hospital (BCH) to continue to provide inpatient psychiatric care to children served by BCH. Now entering its second year, the agreement was essential to allowing Bradley to increase bed capacity from 60 to 70, a move that was intended to also benefit Bradley patients and families from across Southeastern New England.

"This partnership with Boston Children's Hospital is not only great because it allows us to help more children and teens in the greater Boston area who need mental health care, but it has also allowed us to increase our capacity to help children right here in our backyard," said Dan Wall, Bradley Hospital president.

Last year, nearly 40 Rhode Island families benefitted from the additional beds, and to date more than 80 patients have been successfully referred from Boston Children's.

"If you are a parent in the midst of a mental health crisis with your child, you understand how critical it is to have a resource like this available immediately and close to home," said **HENRY SACHS, MD**, chief medical officer at Bradley Hospital. "Families, pediatricians and other providers elsewhere don't necessarily have this safety net."

The Children's and Adolescent Inpatient Programs at Bradley provide care for children from 3 to 18 years old, and offer a total of 45 private and semi-private rooms in small, quiet pods, enabling staff to closely monitor and respond to each patient. Inpatient treatment at Bradley Hospital includes a multidisciplinary care team of psychiatrists, family therapists, psychologists, nurses, pediatricians, nurse practitioners and milieu therapists. Additionally, Bradley's inpatient programming also features a Medical/Psychiatric Program and the Center For Autism and Developmental Disabilities (CADD). ❖

Promising new technology to block sciatica and back pain in use at RIH

PROVIDENCE – There's a new pain-relief option for people who suffer from debilitating lower back pain or sciatica. It's a new generation of a spinal cord stimulator that blocks pain signals from reaching the brain.

"Unlike older versions of spinal cord stimulators, where people feel tingling or vibration that can be unpleasant, this latest technology is tingling-free and vibration-free," said **ALEXIOS CARAYANNOPOULOS, DO, MPH**, the medical director of the Comprehensive Spine Center (CSC), who performs the implant after a successful trial. "People who find the vibrations of the traditional stimulator options annoying will get much better relief from this therapy. For anyone who wants a minimally invasive, reversible, non-pharmaceutical and non-destructive therapy to reduce or eliminate pain, this device holds much promise, especially for complaint of low back pain despite spinal surgery."

Results from clinical trials in the U.S. and in Europe for this spinal cord stimulator system have been superior to traditional spinal cord stimulators for the treatment of chronic back and leg pain, said Dr. Carayannopoulos.

"The device treats pain with high-frequency stimulation at low amplitudes and without causing a tingling sensation known as paresthesia, which is common to other spinal cord stimulation implants," he explained.

Because it is paresthesia-free, this is the only spinal cord stimulator therapy approved by the United States Food and Drug Administration (FDA) to be used without restrictions on motor vehicle operation.

"Another benefit about this device is that the patient can test it before it is permanently implanted," said Dr. Carayannopoulos.

Clinical trials of the stimulation device were conducted at 11 U.S. clinical trial sites, comparing the safety and effectiveness of this therapy to traditional spinal cord stimulator therapy. ❖

Research offers recommendations for use of aspirin to prevent preeclampsia

PROVIDENCE – To prevent preeclampsia, new research suggests that low-dose aspirin should be given prophylactically to all women at high risk (those with diabetes or chronic hypertension) and any woman with two or more moderate risk factors (including obesity, multiple gestation and advanced maternal age).

ERIKA WERNER, MD, of the Division of Maternal-Fetal Medicine at Women & Infants Hospital and an assistant professor of obstetrics and gynecology at The Warren Alpert Medical School of Brown University; **DWIGHT ROUSE, MD**, of Women & Infants' Division of Maternal-Fetal Medicine, principal investigator for the Eunice Kennedy Shriver National Institute of Child Health and Human Development Maternal-Fetal Medicine Units Network (MFMU), and a professor of obstetrics and gynecology at the Alpert Medical School; and **ALISSE HAUSPERG, MD**, a chief resident at Women & Infants, have published research in the December 2015 edition of Obstetrics & Gynecology, now available online. The research is entitled "A Cost-Benefit Analysis of Low-Does Aspirin Prophylaxis for the Prevention of Preeclampsia in the United States."

The researchers developed a decision model to evaluate the risks, benefits and costs of four different approaches to aspirin prophylaxis – no prophylaxis, prophylaxis per recommendations of the American College of Obstetricians and Gynecologists (only for a narrow segment of pregnant women – namely, those with a history of preeclampsia necessitating delivery before 34 weeks gestation and those with preeclampsia in more than one prior pregnancy), prophylaxis per the U.S. Preventive Task Force recommendations, and universal prophylaxis for all women.

The researchers concluded, "Both the U.S. Preventive Task Force approach and universal prophylaxis would reduce morbidity, save lives, and lower health care costs in the United States to a much greater degree than the approach currently recommended by ACOG." ❖