

SOUTHWESTERN NEWS

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UT SOUTHWESTERN WINS AWARD OF \$26.9 MILLION FROM NIH TO STUDY NEW APPROACHES TO TREATMENT-RESISTANT DEPRESSION

DALLAS – January 18, 2000 – The National Institute of Mental Health (NIMH) has awarded a \$26.9 million contract to UT Southwestern Medical Center at Dallas to study treatment-resistant depression. It is the largest contract for depression research ever awarded by the NIMH.

Dr. A. John Rush, vice chairman for research in the Department of Psychiatry, will oversee clinical trials involving UT Southwestern and at least 11 other U.S. medical institutions and 4,000 patients, who will be treated over a five-year period.

"There are many patients whom psychiatrists and other mental-health workers haven't been able to help because they don't respond to a standard medication or to a particular type of psychotherapy," Rush said. "What to do if the first treatment does not produce a satisfactory therapeutic response remains a critical clinical question that few studies have addressed. With well over a dozen antidepressant medications and several tested time-limited psychotherapies, there are many choices available. This project aims to determine the best plan for these patients – when to combine treatments, such as two medications or medication and psychotherapy, and when to switch from one treatment to another."

Rush said the treatment-resistant depression study is designed to be more realistic than most short-term treatment trials that contrast one or two drugs with a placebo. Not only will the patients participate in a longer research study, but also a more diverse group of patients from different types of medical settings will be enrolled. Also, participants who may have existing general medical illnesses – heart disease or mental illnesses like anxiety disorders or alcohol or drug addictions – that exempt them from traditional psychiatric treatment studies, will be allowed to participate.

No participants in the study will take a placebo. Patients will all receive medication and/or psychotherapy and will be evaluated throughout the study on the effectiveness of treatments. When a participant does not seem to be responding well to a drug, changes, such as

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adding a second antidepressant to the first, replacing the first medication with another agent, or adding or switching to psychotherapy, will be considered.

"We have great hopes for this new, broader, public-health model of intervention," said Dr. Steven R. Hyman, director of the NIMH, part of the National Institutes of Health.

Rush, who holds the Betty Jo Hay Distinguished Chair in Mental Health and the Rosewood Corporation Chair in Biomedical Science, said patient recruitment for the depression studies is expected to begin in about a year. Other medical centers, including Massachusetts General Hospital, Columbia University College of Physicians and Surgeons, and the University of Pittsburgh School of Medicine, will participate in the project, to be coordinated by UT Southwestern under Rush's direction.

Rush chaired the national panel that formulated depression diagnosis and treatment guidelines in 1993 for primary-care physicians for the federal Agency for Health Care Policy and Research. In 1995 the Texas Society of Psychiatric Physicians named Rush its Psychiatrist of the Year. He was the co-recipient of the 1994-1995 Gerald L. Klerman Lifetime Award of the National Depressive and Manic-Depressive Association and is a fellow in the Benjamin Rush Society, an organization of some of the nation's top professionals in mental illness. He was a member of the task force and chairman of the mood disorders work group for the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*.

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