

# News

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April 18, 1990

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\*\*\*\*NIH funds Mental Health Clinical  
Research Center at UT Southwestern

Calling (214) 688-2076 could save your life--or just change it for the better.

The number is a special depression "help line" for people who are feeling sad, blue or depressed but don't know whether they're experiencing a temporary "downer" or having a serious depression problem. There is no charge for the telephone interview, and further evaluations are on a sliding-scale basis.

Part of a newly expanded almost-\$2 million mental-health program aimed at research in mood disorders at The University of Texas Southwestern Medical Center, the "help line" is now in operation, and an impetus for further research into mood disorders is under way.

As of May 1, the Mental Health Clinical Research Center (MHCRC) at UT Southwestern will become a fully funded National Institutes of Health center after being established as a pilot program three years ago. The UT Southwestern program is one of only four in the country founded to work in research on the mood disorders, said A. John Rush, M.D., holder of the Betty Jo Hay Chair in Mental Health in the Department of Psychiatry and director of the MHCRC. Associate director is Howard Roffwarg, M.D., professor and director of research in the Department of Psychiatry.

"The expansion of the MHCRC at UT Southwestern to a fully funded effort is a major step forward in finding answers to the puzzling

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questions that surround the diagnosis and treatment of the depressive and manic-depressive disorders," said Kern Wildenthal, M.D., Ph.D., president. "Our outstanding researchers have been working for over a decade in this area, and their work is recognized throughout the country and internationally. Now with the establishment of the full-fledged center, the potential for the escalation of knowledge in this field is assured."

Approximately \$1 million will be awarded for the first three years of the five-year grant period. Funding figures for the fourth and fifth years are not yet determined. This year's funding will be \$344,828. The purpose of the MHCRC is to identify vulnerability factors--both biological and psychological--for developing such mood disorders as depression or manic-depression as well as recurrences and relapses.

Rush has been involved in depression research for a number of years, including studies aimed at more accurate diagnosis, finding the best treatments for specific illnesses and determining individual treatment for specific kinds of depression. "Much of the research at the center will work toward these goals," he said, "because deciding the best treatment for depression is still an inexact science." Here are areas of research taking place at the MHCRC:

#### MEDICINES AND PSYCHOTHERAPY

Besides evaluating new anti-depressive and anti-manic medicines, research will continue in the use of cognitive therapy with some patients either as an option to drug therapy or in conjunction with pharmaceuticals. Cognitive therapy is a form of treatment that trains the patient to think realistically rather than in negatively biased

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ways so that attitude and thought patterns won't continue the downward spiral of depression. Rush has been interested for many years in cognitive therapy, and Robin B. Jarrett, Ph.D., assistant professor of psychiatry, has published many papers on her work in the discipline.

#### SLEEP LAB

Other work is pointed toward diagnosis. Some of the work done by Rush, Roffwarg and their associates has centered on the so-called "shortened REM latency," a tendency some depressed patients have to enter their first dream stage in half the time it takes non-depressed persons. REM stands for the rapid eye movement stage of sleep, a condition during which most of the body is in a light state of paralysis, but the eyes are moving behind their lids. In two studies MHCRC researchers found that reduced REM latency is a positive predictor of response to certain anti-depression medications. Center scientists are currently looking at whether reduced REM latency will also act as a predictor of relapse or recurrence in depressed children and adolescents.

"Other studies have shown that depression is associated with a variety of abnormalities in the distribution of sleep stages as well as a disruption of biological rhythms in EEG activity," said Roffwarg. Sleep lab researchers have also been looking at the relationship between shortened REM sleep and the likelihood of relapse. Other studies are investigating genetic risk factors for depression among close relatives.

#### NUCLEAR MEDICINE LAB

Modern technology has brought not only sleep lab studies to

depression research, but exciting new innovations in the nuclear medicine lab. A large study of patients using SPECT (single photon emission computer tomography) has identified specific brain areas involved in depression by monitoring brain blood flow. There are also studies working on the identification of areas associated with mania.

Other work by Michael D. Devous, Ph.D., associate professor of radiology, is beginning to focus on even higher resolution three-dimensional pictures of the human brain in action with new tomography equipment called PRISM, which the radiologist helped develop. Other MHCRC researchers in the nuclear medicine lab are hoping to develop radiopharmaceuticals that will permit studies of brain metabolism and the action of chemical transmitters used by the brain to send messages between nerve cells.

#### PSYCHIATRIC CLINICAL DIAGNOSTIC LAB

Pioneering work also is being done in the center's Psychiatric Clinical Diagnostic Laboratory at Dallas Veterans Administration Medical Center. The diagnostic lab has developed chemical methods to measure the function of particular chemical transmitters called serotonin. In addition, the lab has a therapeutic drug monitoring program that has proved invaluable to clinical work, said John Cain, M.D., assistant professor of psychiatry.

#### CHILDREN AND ADOLESCENTS

The center provides referral for children and adolescents to the mood disorder unit at Children's Medical Center of Dallas. Working with the program there are Graham Emslie, M.D., associate professor of psychiatry and Robert Kowatch, M.D., assistant professor of

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psychiatry.

"Today depression is considered a major public health problem not only because as many as 8 percent of adults have clinically significant depressive symptoms at any given time but also because most depression cases go unrecognized and untreated," said Rush, one of the major researchers in mood disorders in the country.

#### "HELP LINE"

As part of the clinical research into these psychiatric disorders, Rush said the center can diagnose and treat patients willing to participate in research protocols. The "help line" is the first step in linking potential patients to the services.

Rush explained that the "help line" is not just an arm of the center's research program; it renders a valuable service to a large area of the state. "The goal is to get people who need help into a treatment program," he commented. "I don't know anywhere else you can get such an in-depth diagnosis of a depression problem."

Here's the way it works:

Persons calling the "help line" receive a free five-minute screening for depression with a specialist trained to identify those who should be further evaluated for symptoms of clinical depression and to identify where optimal treatment can be provided.

If the caller exhibiting symptoms of clinical depression opts for further evaluation, he or she is given an appointment with a clinical psychologist or psychiatrist. A diagnosis may be made at that time and recommendations made for treatment. However, in many cases there is another session in which the caller meets with the psychotherapist and another specialist in order to have a second opinion. The caller

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may also bring a longtime friend or relative to comment on his or her patterns of depression or depression and mania over a long period of time. In addition, lab tests and other diagnostic indicators of physical disease will be given as a part of the evaluation, and other tests may be ordered on an individual basis.

A diagnosis will be made by a psychiatrist or psychologist with the assistance of a trained interviewer. The caller may be offered the opportunity to participate in an appropriate research study, such as medications versus psychotherapy. Other options include referrals to private psychiatrists or psychologists or programs at community agencies.

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NOTE: The University of Texas Southwestern Medical Center at Dallas comprises Southwestern Medical School, Southwestern Graduate School of Biomedical Sciences and Southwestern Allied Health Sciences School.