

	You should read this! Department of Psychiatry Reading List December 2018	
Submitted by	Suggestions from learners	
Milani Sivapragasam, Med 3 McGill, student rep from CFMS on the CAME board	https://www.medpagetoday.com/blogs/revolutionand revelation/76553 I wanted to share a piece I saw today that is a very critical examination of med ed that is worth the read. Hope it sparks some dialogue at your institutions. One passage to peak your interest: "With health systems in charge, medical schools have become financially starved and have lost control of their faculty... They are relics of an obsolete structure, which has no funding and little decision-making capacity."	
Dr. Joshua Smalley, Resident	ten Cate, O., Th., J., Kusrkar, R. A., & Williams, G. C. (2011). How self-determination theory can assist our understanding of the teaching and learning processes in medical education. AMEE Guide No., 59. Medical Teacher, 33, 961-973. This article is part of the AMEE Guides which are intended to provide teachers with information, advice and support on topics relevant to health professions education. This article explores concepts around learner motivation, self-determination theory, and approaches to autonomy supportive teaching. Central to this article is the theory that learners need an environment that fosters psychological feelings of competency, autonomy and relatedness and that supervisors can help facilitate learner self-determination. These concepts could be applied to a variety of contexts including the supervision of residents on-call, bedside teaching, and psychotherapy supervision.	
Dr. Marissa Leblanc, PGY-2 Psychiatry Resident	Potash J, et al. Genome-wide association analyses identify 44 risk variants and refine the genetic architecture of major depression. Nature Genetics. May 2018;50: 668-681 This is a paper that has great significance in how we continue to do research on MDD and how we can apply the findings clinically. It allows me to think of MDD as a disorder that has multiple genetic risk factors that contribute to the clinical phenotype and helps define the basis of major depression.	
Dr. Jillian Boyd, PGY-5 Psychiatry Resident	Pettinati, H. M. et al. (2010). A double-blind, placebo-controlled trial combining sertraline and naltrexone for treating co-occurring depression and alcohol dependence. <i>American Journal of Psychiatry</i> , 167(6), 668-675. This article is significant because historically, medicine has often taken a consecutive "either/or" treatment approach to co-morbid psychiatric disorders and alcohol use (i.e. the old "you need to address your drinking before we can treat your depression" approach). Depression and alcohol use disorder are frequently co-morbid conditions, and each disorder increases your risk of	

	<p>developing the other, so practitioners should be comfortable with identifying and treating both of these disorders.</p> <p>This has changed my practice, because I am far more likely to add Naltrexone treatment for my patient's with co-occurring alcohol use disorder. Naltrexone is easy to prescribe (does not require any additional training or licensure) and generally well tolerated (* cannot be used if individual is an opioid-user or if severe hepatic impairment)</p>	
Dr. Amy Gough, PGY-2 Psychiatry Resident	<p>Cipriani, et al. (2018). Comparative efficacy and acceptability of 21 antidepressant drugs for the acute treatment of adults with major depressive disorder: a systematic review and network meta-analysis. The Lancet, 391(10128), 1357-1366.</p> <p>This article initially came to my attention via its wide media coverage in 2018, with numerous headlines citing "antidepressants work", which sparked a number of patient-initiated discussions on the topic. The paper includes double-blind RCTs comparing antidepressants with placebo or other antidepressants with primary outcomes of efficacy and acceptability. The graphics (especially the network meta analysis) are visually quite helpful in synthesizing and interpreting the findings.</p>	
	Submissions from faculty and staff	
Dr. Shabbir Amanullah, Psychiatrist	<p>Parker, G. The benefits of antidepressants: news or fake news? British Journal of Psychiatry. August 2018; 213(2):454-455</p> <p>Many have raised issue with reporting and 'honesty', but few have actually dared to address it head on in as succinct manner as Dr Gordon Parker. I feel this article gives us much to reflect on but also, makes us responsible to know about critical appraisal and not getting fooled by statisticians and the many who choose to 'create' news with the use of statistics to cover up flawed methodology or mask unwanted results. I hope you enjoy this as much as I did!</p>	
Dr. Sreenivasa Bhaskara, Psychiatrist	<p>Berk, M. et al. The promise of N-acetylcysteine in neuropsychiatry. Trends in Pharmacological Sciences. Mar 2013; 34(3):167-177.</p> <p>Given the paucity of novel MOA to understand neuropsychiatric disorders and very few new psychotropic drugs in the research pipeline, this might shed some light on future directions for research as well as options for clinical practice. I had very good success using it in one severely ill refractory patient.</p>	
Dr. Keri-Leigh Cassidy, Psychiatrist	<p>Jeste DV, Palmer BW. A call for a new positive psychiatry of ageing. Br J Psychiatry. 2013 Feb;202:81-3.</p> <p>One of the first papers to discuss positive psychiatry in a geriatric population.</p>	

Dr. David Gardner, Pharmacologist	<p>Molero Y, Zetterqvist J, Binswanger IA, et al. Medications for Alcohol and Opioid Use Disorders and Risk of Suicidal Behavior, Accidental Overdoses, and Crime. Am J Psychiatry. 2018 Oct 1;175(10):970-978.</p> <p>Mixed findings that support pharmacological interventions for addictions for reducing importing individual and societal concerns.</p>	
Dr. Lara Hazelton, Psychiatrist	<p>Hessler M, et al. Availability of cookies during an academic course session affects evaluation of teaching. Med Educ. 2018 Oct;52(10):1064-1072. (Comment in: Med Educ. 2018 Oct;52(10):1000-1002.)</p> <p>While this sounds like 'fake news', it was [apparently] a legitimate study that found student ratings of instructors were affected by environmental factors unrelated to teaching ability.</p>	
Dr. Pat McGrath, Researcher and Clinical Psychologist	<p>Ljótsson B, et al. Internet-delivered exposure and mindfulness based therapy for irritable bowel syndrome--a randomized controlled trial. Behav Res Ther. 2010 Jun;48(6):531-9. (Follow-up article: Ljótsson B et al.,. Behav Res Ther. 2011 Jan;49(1):58-61.)</p> <p>This is a pair of articles (an original study and the follow up study) that I read in 2018 and would recommend to my colleagues. The articles are impressive because of the large effects and the robustness of the results. In Nova Scotia we have a very high prevalence of Irritable Bowel Syndrome and this could be a useful addition to current care available. David Lovas and I are visiting the Ljotsson group in January to learn more about what they are doing and to determine how to transfer this to Nova Scotia.</p>	
Dr. Matt Morgan, Psychiatrist	<p>Simpson, A. Medical Assistance in Dying and Mental Health: A Legal, Ethical, and Clinical Analysis. Cdn Journal of Psychiatry 2018, Vol. 63(2) 80-84.</p> <p>I am forwarding this article more as a launching point for a discussion around the role of psychiatrists in MAID as well as to whether mental illness should be considered within the concept of terminal illness. The article gave me "food for thought" as I wrestled with my own feelings around a patient I was caring for who had depression and ALS... and the conflicting roles and responsibilities I had as a psychiatrist to potentially prevent his suicide and honor his request to die. There are other articles that provide different perspectives/insights but I found this one a helpful argument/explanation to some of the uncomfortable feelings I was having as a psychiatrist in the care of my patient.</p>	
Dr. Jason Morrison, Psychiatrist	<p>Guloksuz S., Van Os J. The slow death of the concept of schizophrenia and the painful birth of the psychosis spectrum. Psychological Medicine, 2018, vol 48, p 229-244.</p> <p>The current dogma about schizophrenia (neurogenerative disease, poor outcome, psychosis is toxic to the brain, etc) seems to line up with only a minority of my patients. This excessively negative message gets in the way of</p>	

	<p>patients getting better, and I think makes clinicians give up on patients prematurely. This paper discusses most of my beefs with this way of thinking and suggests a more helpful, hopeful, and I think more accurate way forward.</p>	
Dr. Patti Pearce, Psychiatrist	<p>Ryan S, Ammerman S, O'Connor M. Clinical Report Marijuana Use During Pregnancy and Breastfeeding: Implications for Neonatal and Childhood Outcomes. Pediatrics. 2018;142(3).</p> <p>This article is especially relevant with the legalization of marijuana and the increased use and questions that I get from patients.</p>	
Dr. Ben Rusak, Director of Research	<p>Senn, S. Statistical pitfalls of personalized medicine. Nature. 29 November 2018;5(63). 619-621.</p> <p>This short opinion piece raises questions about experimental design and interpretation related to the concept of personalized medicine. It covers a number of issues, including: dichotomous classification of responders and non-responders in the search for genetic markers of drug response; interpretation of 'number needed to treat' values; the interpretation of drug effects in chronic illnesses; and the value of n of 1 studies. While the issues are not new, they are presented succinctly and there are suggestions for improvement (and a cute cartoon).</p>	
Dr. Michael Teehan, Dept. Head and Chief	<p>Howes, O., Kapur, S. The Dopamine Hypothesis of Schizophrenia: Version III—The Final Common Pathway. Schizophrenia Bulletin, Volume 35, Issue 3, 1 May 2009, Pages 549–562.</p> <p>It is a conceptual article rather than a scientific report. But in terms of guiding clinicians in their thinking about causation and treatment approaches, it is stimulating. The review of Dopamine Hypothesis of Schizophrenia 1, 11, and now 111 is succinct, informative and accurate. It proposes an alternative treatment strategy for drug development, which is refreshing, given that most of our current medications are variants of the same. It also lays out clearly what evidence would invalidate the hypothesis. It provides a challenging look at current thinking and a plausible framework to explore the proposed model.</p>	
Dr. Suzanne Zinck, Psychiatrist	<p>Rafferty J, AAP Committee on Psychosocial Aspects of Child and Family Health, AAP Committee on Adolescence, AAP Section on Lesbian, Gay, Bisexual and Transgender Health and Wellness. Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents. Pediatrics. 2018;142(4):e20182162.</p> <p>Brand new!</p>	
Laura Carnegie, RN, MN, IWK Youth Psychosis Team	<p>Williams R, et al. What is the place of clozapine in the treatment of early psychosis in Canada? The Canadian Journal of Psychiatry. 2017 Feb;62(2):109-114</p>	

	<p>This article has been beneficial to identify eligibility for clozapine therapy very early on following failure of treatment on two antipsychotic medications. Particularly in child and adolescent psychiatry, clozapine often was one of the medications that we once sought to try after multiple failed trials of antipsychotics. This article has made us, as clinicians, much more aware of the potential value of earlier initiation of clozapine in treatment, specifically with greater retention of a patient's personal and social agency, and the benefit of incorporating this knowledge base in routine practice.</p>	
<p>Dr. Brian O'Brien, Internal Medicine Specialist</p>	<p>Braslow, JT, Messac, L. Medicalization and Demedicalization — A Gravely Disabled Homeless Man with Psychiatric Illness. N Engl J Med 2018; 379:1885-1888.</p> <p>The concept of inappropriate demedicalization is one that I have not really thought about in depth before.</p>	