

# THE BRONX PSYCHIATRIST



A PUBLICATION OF THE BRONX DISTRICT BRANCH  
OF THE AMERICAN PSYCHIATRIC ASSOCIATION



Vol. 1, No. 2

Spring 2007

## From the President



So here it is the second newsletter ever for this Bronx District Branch. I can't help it but I am still basking in the splendor of this "achievement".

In the past several years our District Branch has transformed itself in many ways. We went "high tech" with the creation of our website [www.bronxpsych.org](http://www.bronxpsych.org). We were able to become more financially liquid after being awarded two grants by the American Psychiatric Association, but most importantly the DB has been infused with an incredible energy that is unique. This energy belongs to the Residents. Their presence at the speaker dinner programs has made these meetings a pleasure to attend. Their participation has been diverse.... from taking pictures (*who do you think takes all those pictures you see on our website*) to writing for the newsletter, campaigning for increased membership, and serving as officers for the District Branch.

Residents are the future of the American Psychiatric Association and in this newsletter I would like to acknowledge them for their continued effort and for supporting me, in this endeavor. Here's to you guys!!

I am pleased to announce that Dr. Nada Stotland, APA President Elect, will be our featured guest speaker on June 6, 2007 at the beautiful Bronx Botanical Gardens Conservatory. This will be a very special event in a very special place. Dr. Stotland will be presenting a talk on "Depression Before and After Pregnancy". So don't forget to contact the District Branch office to register. We'll see you there.

Have a great summer.

*Virginia Contreras, MD, President*

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Mark Your  
Calendar!



***Bronx District Branch***  
**Annual Meeting**  
**June 6, 2007**

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*a publication of the  
Bronx District Branch of the  
American Psychiatric Association*

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Lori W. VanSlyke, *Administrator*

*The viewpoints expressed in  
this publication do not necessarily  
reflect those of the Bronx District Branch  
of the American Psychiatric Association.*



## Nada Stotland, MD, APA President Elect to Speak in June

The Annual Meeting of the Bronx District Branch will be held on **Wednesday, June 6, 2007** with Nada Stotland, MD, APA President Elect as the featured speaker. Dr. Stotland will speak on “**Depression Before and After Pregnancy**”.

This meeting will be held in the Garden Terrace Room at the New York Botanical Garden in the Bronx and will begin at 6:30 pm with cocktails followed by dinner and Dr. Stotland’s presentation.

**Mark your calendar!** Details regarding this meeting will be sent to members soon.

## Draft Panic Disorder Guidelines Available for Review



The APA’s Steering Committee on Practice Guidelines invites all interested APA members to review a draft of the “*Practice Guideline for the Treatment of Patients with Panic Disorder, 2nd ed.*”

The draft can be obtained by either downloading it as a PDF from the Members Corner of the APA website at [www.psych.org/members/assembly/pg/pgdraft\\_reviewmembers.cfm](http://www.psych.org/members/assembly/pg/pgdraft_reviewmembers.cfm) **OR** by contacting the District Branch for a hardcopy.

**The deadline to return comments is May 11, 2007.** This draft will then be submitted to the APA Assembly and Board of Trustees for final approval in November/December 2007.

The *Bronx Psychiatrist* is a quarterly publication. The Bronx District Branch of the APA reserves the right to refuse or delete submitted material without explanation at the publisher’s discretion. Send advertisements and written material to: *Bronx District Branch of the APA, 333 Westchester Avenue, Suite LN-01, White Plains, New York 10604.*

# Introduction to Psychiatry

Rebecca Friedman

My first impression of the Psychiatric Ward at Hospital B was pretty much as I had imagined it; countless movies and novels had led me to expect glaring fluorescent lights, an intricate system of keys and locks, patients shuffling around in loosely secured hospital gowns. Thus far in my medical education, my psychiatric evaluation experience had consisted of quickly asking patients *“Do you have thoughts of hurting yourself or others?”* as an afterthought. And even this was considered superfluous by my residents. *“He didn’t get that appendicitis because he’s depressed,”* one of them chided me. But now, the psychiatric interview was supposed to last about half an hour, at least according to the book I had consulted the night before. What on earth was I supposed to ask that would take 15 minutes, let alone half an hour?

On account of the looming snowstorm outside, the orientation meeting was cancelled and we were ushered directly into our floor’s work rounds.

*“Mr. C,”* the nurse read from the night notes, *“last night he was roaming the halls naked again.”* I gulped. I had seen Mr. C in the hall—he was at least 6’2” and probably weighed over 300 pounds. *“It’s going to be a long 6 weeks,”* I thought.

On walking rounds, we visited each patient and quickly caught up on their current moods. The patients were unlike any that I had encountered before: there was the schizophrenic patient, desperately explaining to all passers-by that the government was trying to poison her; the manic patient, alternately singing to herself and telling us to get the hell out of her room; and the depressed patient, moving slower than a sloth, eyes downcast, crushed under an invisible weight.

*“Why don’t you go interview him?”* suggested my attending, indicating the depressed patient. I took a deep breath and smoothed out my white coat. *“You can do this!”* I told myself.

I sat with him at one of the long wooden tables in the dining room. *“Can you tell me why you’re here?”* I

asked. And he did—he told me the story of how he’d been suffering from depression that had grown worse and worse—he’d lost his wife, his children, his job, his home, until finally... *“I went down to the South Street Seaport,”* he said, *“you know, to watch people...and I saw all these happy people—boyfriends and girlfriends and families, all together, and suddenly I felt so sad, because I don’t have anyone or anything...”* his voice trailed off. *“And then what?”* I prompted softly.

*“I started to think, this isn’t a life...I walked over to the water...it was snowing. I looked down at the water and I thought, I could just jump in. I don’t know how to swim; that would have been it for me. But I didn’t because I thought of my mom, and how she made me come here.”* I didn’t know what to say. I’ve seen patients’ arms, legs, genitals, even their actual physical insides, but never something so intimate, a pain so palpable I could almost see it shimmering in the air of each exhaled breath. *“Um...do you have any medical problems?”* I asked. *“Oh, I’ve been having this strange swelling in my legs...and sometimes I feel a tightness in my chest.”* Suddenly I felt like I was back on solid ground. *“Finally, something I know how to handle!”* I thought. *“Have you been to a doctor about these symptoms?”* I asked him. He looked down at the ground, shaking his head. *“I haven’t seen a doctor in 30 years.”*

And it was right at that moment that I finally *got* it: yes, this man might have physical complaints, but what he really needed right now was help for the depression that had been eating away at his life until he had nothing left. This man had had chest pain and was so beaten down that he didn’t ever even consult a doctor. It occurred to me then that these patients were just as handicapped as the patients I had met on other rotations, if not more so.

Psychiatry was a new way of thinking, a new language—and I was ready to learn.

*(Rebecca Friedman is a 3rd year Medical Student at Albert Einstein College of Medicine in the Bronx.)*

## WE LOOK FORWARD TO HEARING FROM OUR READERS!

The Bronx District Branch of the APA welcomes your comments and suggestions.

If you would like to submit an article, book review, announcement, hospital and or community events, etc., to [The Bronx Psychiatrist](#), the deadline for the next issue is **June 30, 2007**.



# Distinguished Fellow or Fellow Eligibility

The District Branch would like to invite you to apply for the honor of Fellow or Distinguished Fellow status if you feel you meet the criteria as listed below:

**Fellows** shall have been General Members for at least five years. To become a Fellow, a General Member must: a) be certified by the ABPN, RCPS(C), or AOA, b) have at least three letters of recommendation from current Fellows or Distinguished Fellows, and c) have the concurrence of the Membership Committee after providing a ninety-day comment period for District Branches. Fellows must have either a valid license to practice medicine or hold an academic, research or governmental position that does not require licensure. Members apply directly to the APA. Fellowship application forms are available on the web or by contacting the district branch. Applications and the three letters of recommendation are due by **June 1**.

**Distinguished Fellows** will be a General Member or Fellow for at least eight years and should be an outstanding psychiatrist who has made and continues to make significant contributions in at least five of the areas listed below. Excellence, not mere competence, is the hallmark of a Distinguished Fellow.

**Since applications for Distinguished Fellow must be reviewed by the Membership and Fellowship Committee of the District Branch for nomination approval, they must be received by the District Branch no later than June 15, 2007.**

- 1) Certification by the American Board of Psychiatry and Neurology, the Royal College of Physicians and Surgeons of Canada, or equivalent certifying board.
- 2) Involvement in the work of the District Branch or other components of the APA.
- 3) Involvement in other medical and professional organizations.
- 4) Participation in non-compensated mental health and medical activities of social significance.
- 5) Participation in community activities unrelated to income-producing activities.
- 6) Clinical contributions.
- 7) Administrative contributions.
- 8) Teaching contributions.
- 9) Scientific and scholarly publications.

**If you believe you meet the criteria for either of these membership categories and would like to apply, please contact the district branch at (914) 967-6285 and an application packet will be sent to you.**

## Nominating Committee Report 2007-08 Slate of Officers

Below is the 2007-2008 slate of officers as proposed by the Nominating Committee of the District Branch:

Virginia Contreras, MD _____	President
Mercedes Brito, MD _____	President-Elect
Albert Rosen, MD _____	Secretary
Ruben E. Gonzalez, MD _____	Treasurer

Any voting member of the district branch may submit nominations for office. Nominations must be made by letter prior to the next membership meeting which will be held on **April 25, 2007 at The Harbor Restaurant, City Island, NY, beginning at 6:00 pm**. If there is no contest for any office, the slate as presented above, will be brought up for vote at this meeting.

# The Future of Geriatric Psychiatry

Luz Renedo, MD

Life Expectancy is currently 79 years for women and 74 years for men, a gain of 30 years since 1900. Current research in longevity is generating optimism. Studies conducted in yeasts, worms, mice and primates as well as in plants are showing some results in beginning to understand the aging process and some ways of slowing it. Caloric restriction diet seems to delay the onset of diseases particularly of DM Type II and Cardiovascular Illness. Manipulation of anti-aging genes and new pharmacological agents are promising ways of increasing age and delaying diseases.

Elderly people, defined as 65 years of age or older are estimated to be 13% or 35 million of the general population of USA according to the 2000 census. The “oldest old” 85 years or older represents 12% or 4 million of the above group. Women represent 58%. Whites are 84%, African Americans 8%, Hispanics 6%, Asian 2% and Native Americans less than 1%. It is projected in 25 years the elderly will reach 70 millions and minorities’ 25%. The fastest growing group will be the oldest old reaching 20 millions by 2050.

The great majority of elderly people are healthy and live in the community; however, 20% or 7 million suffer a mental illness and this is projected to double to 14 million in 25 years.



It is reported that only half of those in need received treatment and 25% was delivered by a mental health professional.

The only mental disorder more prevalent in old age is cognitive impairment with Dementia claiming 3.6 million in 2000 and projected to reach 7.3 million by 2030.

Anxiety and depression affect about 15% of the elderly with the associated risk of suicide. Males 85 and older have the highest suicide rate. Aging is the best predictor of developing co-morbidities such as Diabetes Mellitus Type II, Hypertension, Osteoarthritis and Cancer. Old age tend to bring changes in most or all areas of life, occupational, financial, social marital as well as physical and cognitive functioning. The care of the elderly is complex, has multiple needs and faces barriers to access.

The “baby boom” generation, persons born between 1946 and 1964, will impose a tremendous burden in the health care delivery system at all levels and the solutions to this problem will have to be creative. The Geriatric Mental Health Alliance was created in New York City to study the scope of the problem and to make recommendations to improve it.

*(Dr. Renedo is Director of the Geriatric Clinic at Bronx Lebanon Hospital Center).*

## Tips of the Trade

Professional Risk Management Services

In these litigious times, the practice of psychiatry can be scary and problematic. The key is that the plaintiff has the burden of proving the case. That, of course, is of little consolation to the practitioner (and insurer) with the obligation of defending the case. The more defensible the case is, the harder it is for the plaintiff to prove the case. The following are tips to making a potential lawsuit more defensible!

1. Never alter a patient record.
2. Document patient interactions objectively.
3. Document the rationale for each time you institute, modify, alter (change), or discontinue the course of treatment *(especially with medications)*.
4. Be wary of treating patients by telephone without a follow-up office visit as soon as possible. *(Conversely, do not prescribe lengthy prescriptions without a patient office visit)*.
5. Always lock up prescription pads.
6. Follow-up and document after missed patient appointments, especially lengthy absences. Without the proper closure for terminating the physician-patient relationship, the physician is at risk for any intervening events the patient might experience, including suicide. Also, if the patient calls after several months requesting additional medications, the physician has better clarity on the boundaries of the relationship and the obligations owed to the patient.
7. Never cross boundary lines with patients, regardless of gender. This includes, but is not limited to, business relationships, social relationships, and sexual encounters.
8. Listen, with all five senses, to your what your patients are telling you, a good (caring) bedside manner is still the best defense to being sued.

At some point in your career, you will encounter patients who are adept at manipulating the threat of litigation as one more aspect of their illness. Following these guidelines will help you sleep better at night.

*The information contained in the web site does not constitute legal advice. If you are a Program Participant please call (800) 245-3333 for further risk management advice or risk management advice concerning a specific situation. For legal advice contact your personal attorney.*

## Resident's Corner

Looking back at my first year as a medical student seems like such a long time ago. I feel that now as a resident I am able to look at things in a different light. I would like to share with you my experience during my psychiatry residency training so far. As medical students we are never quite prepared for the shock of entering into a residency program. We don't realize how many issues there are to deal until we actually become residents.



Then it all hits us. Bam! We realize that our lives now belong to our patients and the residency program. Basic things such as writing notes, patient admissions and discharges and patient management begin to take precedence right away. Somehow we must find time for family and friends and life in general. Forget "getting a life" there is no such thing. Time management becomes of the utmost importance and if not managed properly simple tasks such as eating, snacking or studying become a thing of a past more sane life.

As far as responsibilities go in the residency program, believe me there are many. Legal issues abound as they pertain to our particular patient population. You have to become an expert in court orders, medication management, proper patient assessment, and let us not forget the many, many forms, we must fill out. Yes, there is one for just about every single thing, you can think of. Remember documentation, documentation, documentation. Can't wait till we go



## Looking Back

Nelson A. Pichardo MD

completely paperless! All of this only to have the patient return to the hospital a few days later, because they did not take their medications after being discharged. Tough, I tell you. But this is the nature of what we do.

So now we are on to the real deal, what we really went to medical school for.....to be a DOCTOR.

This of course means that I must have incredible clinical acumen and be sharp as a whistle when its time to make a diagnosis. Right? Isn't this what it's all about? Well we soon come tumbling back to reality and realize that we must learn from our mistakes and that really our patients are our best teachers. We learn that different doctors have different techniques, some are aggressive, some are passive. Everyone is different and everyone must develop their own style. This takes time.

We all have fears, and there are times when we question our ability to perform. We worry what others will think of us. For now I am facing these fears by increasing my knowledge base, by improving my skills and by staying above water no matter how deep it gets.

I think residency like life has its challenges. These challenges can bring us down on our knees or make us rise above the rest. I will meet challenge with passion and in time I will become a great swimmer so I will ride the waves that are coming my way.

*(Dr. Pichardo is a PGY-1 at Bronx Lebanon Hospital Center.)*

## PAST DINNER MEETING PHOTOS



# Membership Actions

## Transfers In

Nnenna K. Okereki, MD (*from Massachusetts*)  
 Maria Saiz, MD (*from New Jersey*)

## Transfers Out

Gregory Boyarsky MD, PhD (*to NYS Capital District*)  
 Yolonda Colemon, MD (*to NY County*)  
 Humberto Dorta, MD (*to Pennsylvania*)  
 Paulo G Espanola, MD (*to Western NY*)  
 Nalini Juthani, MD (*to Westchester*)  
 Nina Eisenberg Kirz MD (*to Northern California*)  
 Yetunde A Ogunleye MD (*to Nebraska*)  
 Mark Jack Russ MD (*to Westchester*)

## New Members-in-Training

Indhir Almonte, MD (*Bronx Lebanon*)  
 Laura Antar, MD (*Montefiore*)  
 Jason Careri, MD (*Montefiore*)  
 Lex Denysenko, MD (*Montefiore*)  
 Kelly Fiore, MD (*Montefiore*)  
 Sarah Nagle-Yang, MD (*Montefiore*)  
 Oneila Ramirez-Cook, MD (*Bronx Lebanon*)  
 Franklin Rivera-Carrasquillo, MD (*Bronx Lebanon*)  
 Adriana Shuster, MD (*Montefiore*)  
 Lauren Snow, MD (*Montefiore*)  
 Marissa Stridiron, MD (*Montefiore*)

## New General Member

Susanne S. Choe, MD (*Roosevelt Hospital/Priv. Prac*)

# Employment Opportunities

## ATTENDING PSYCHIATRISTS

Join the Jacobi-NCB Einstein Family! The Jacobi Medical Center-North Central Bronx Behavioral Healthcare Division seeks attending staff for our Adult and Geriatric Inpatient Programs, and specialty outpatient programs. Spanish language proficiency is valued. Candidates must be NYS licensed, and BC (or BE if within 5 years of graduation). Faculty appointment at Albert Einstein College of Medicine and participation in our medical student education program provide an ideal mix of academics and clinical service. Located in stable and attractive Bronx neighborhoods, our Department offers a cordial and respectful work environment and a highly competitive compensation package. Call is elective and compensated. All inquiries are confidential. For immediate consideration, please contact Arnold E. Merriam, MD, Chm, Behavioral Health Services, Jacobi Medical Center/North Central Bronx Hospital, Professor of Psychiatry & Neurology, Albert Einstein College of Medicine, Jacobi 9 South Room 8, Tel-(718) 918-6523; Fax-(718) 918-6590; [email-arnold.merriam@nbhn.net](mailto:email-arnold.merriam@nbhn.net)

## CASAC

CASAC for the Chemical Dependency Clinic, Nurse Practitioner, preferably Spanish speaking for the Mental Health Clinic at Our Lady of Mercy Medical Center Psych. Ambulatory Care in the NE Bronx next to the Bronx River Parkway, across from McLean Avenue, Yonkers. Please contact Dr. A. Hakki at (718) 304-7013 or [ahakki@olmhs.org](mailto:ahakki@olmhs.org)

## PGY5 OR PGY6 GERIATRIC FELLOWSHIP POSITION

The Division of Geriatric Psychiatry at Montefiore Medical Center has an unanticipated opening for an AGCME accredited PGY5 or PGY6 Geriatric Fellowship position. Interested candidates may respond by email or call the Program Director, Dr. Gary J. Kennedy at (718) 920-4236.

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