MUSC Psychiatry Chair Update
December 21, 2017

Thomas W. Uhde, MD
Department of Psychiatry and Behavioral Sciences & Institute of Psychiatry
KUDOS/WINS

• Dr. Melissa Milanak was invited by the Summerville Rotary to give a talk about sleep and mental health. The organization donated books in honor of MUSC to a local children’s school as a thank you for the presentation.

PRESENTATIONS

Dr. Maria Riva presented at the 20th Annual Frontiers in Pediatrics. The title of her talk was “Potpourri of Pediatric Sleep Medicine.”

SELECTED PUBLICATIONS


For anyone who is requesting promotion or tenure effective January 1, 2019, all promotion and tenure requests must be received in the Chairman’s office no later than February 9, 2018, in the form of complete packets accompanied by a letter of recommendation from your Division Director. Packets with checklists, requests for materials, and forms specific for regular and modified faculty have been developed to make the submission process more straightforward. Packets are available on the College of Medicine’s website. Follow this link: [http://academicdepartments.musc.edu/com/faculty/apt/musc/index.html](http://academicdepartments.musc.edu/com/faculty/apt/musc/index.html).

Promotion to Associate Professor or Professor requires a minimum of four letters of recommendation, addressed to the Departmental Chair. Individuals selected to write the minimum four letters should be non-MUSC faculty in the candidate’s field at the academic rank of professor or its equivalent stature. At least two of these individuals should not be associated with the candidate by having been past mentors/teachers/students/trainees. We ask that you provide 4-6 names of individuals that we can contact to solicit letters of recommendation.

The letter of recommendation from your Division Director must follow appendix 2 in the COM APT guidelines. Division Director letters should include the following paragraphs: introductory, education, research if applicable, scholarly publications, clinical practice if applicable, administration, and other activities and accomplishments.

If you have any questions, please contact Kristen Mulholland mulhollk@musc.edu.

### GRANT AWARD ACTIVITY
11.1.17-11.30.17

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<tr>
<th>Name</th>
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<td>Jeff Borckardt</td>
<td>RCT of tCDS-Augmented CBT for Veterans with Pain and Opioid Misuse - Administrative Supplement</td>
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<td>Michael de Arellano</td>
<td>The Ctr for Addressing MH Disparities among Trauma Exposed Youth</td>
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<td>Amanda Gilmore</td>
<td>Comprehensive Follow-Up Services for Rape Victims: Providing Medical and Psychological Care Coordinated with Advocacy and Forensic Examinations</td>
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<td>Kevin Gray</td>
<td>Advancing Varenicline as a Treatment for Cannabis Use Disorder</td>
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<td>Connie Guille</td>
<td>Establishing a Regional Telemedicine Program to Reduce Prescription Opioid Use During Pregnancy</td>
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<td>Aimee McRae-Clark</td>
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<td>Stephane Meystre</td>
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<td>Stephane Meystre</td>
<td>Machine Learning to Automate Case Consolidation</td>
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<td>Alyssa Rheingold</td>
<td>Comprehensive Mental Health Care for Underserved Victims of Crime</td>
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<tr>
<td>Alyssa Rheingold</td>
<td>Hispanic Outreach Program-Esperanza</td>
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The Clinical Neurobiology Laboratory (CNL), located in the Institute of Psychiatry at the Medical University of South Carolina, has been certified by the College of American Pathology (CAP) for more than 15 years. It meets all regulatory standards, including CLIA, and is licensed to serve the states of New York, Florida, and California.

While focusing on blood and urine testing that has direct interest to Psychiatric and Addiction specialists, our affiliation with the main laboratory at the Medical University Hospital allows for a full compliment of lab testing. We provide both clinical and grant/contract services for both internal and external clinicians, researchers and entities.

The CNL has been internationally recognized for the development of the clinical utility of Carbohydrate Deficient Transferrin (%CDT and the newer %dCDT) for heavy alcohol consumption.

The CNL performed the initial work documenting the assay performance and clinical interpretation for FDA approval of %CDT in the United States. We have performed close to 15,000 CDT assays for clinicians, pharmaceutical company clinical trials, and federal funded studies, over the last 10 years. The CNL currently utilizes the HPLC procedure recommended by the International Federation of Clinical Chemistry CDT workgroup for measurement of %dCDT, the current standard for CDT testing.

The CNL has considerable experience in coordinating, managing, and interfacing, with individual clinicians, researchers and contract laboratories (ex. Quintiles, Covance, LabCorp). This includes sample preparation, send out, sample receipt, data base management, and reporting. Directed by Raymond Anton, M.D., an experienced clinical researcher, the laboratory staff has a unique appreciation of how samples and reporting of results need to be handled. The CNL prides itself on the highest quality laboratory testing as well as exceptional customer service.

**Clinical Services**

We offer a broad range of services and tests which include:

**Clinical and Research Tests**

- **Urine Drug Tests**
  - Opiates
  - Cocaine
  - Benzodiazepines
  - Amphetamine
  - Barbiturates
  - Marijuana (THC)
  - Phencyclidine (PCP)
  - Buprenorphine

- **Alcohol Use Tests**
  - Urine Ethylglucuronide (EtG) – (detects any drinking in last few days)
  - Carbohydrate Deficient Transferrin (%dCDT) – (detects heavy drinking in the recent past)

- **Research Tests (not done or billed for clinical services)**
  - Urine Riboflavin (marker of compliance in medication studies)
  - Salivary Cotinine (measure of nicotine/smoking)
  - Urine Cotinine (measure of nicotine/smoking)
  - Urine Creatinine (usually paired with UDS or EtG for quantification/concentration)

- **Genetic Tests (limited to specific putative CNS functional variants)**
  - Single Nucleotide Polymorphisms (SNP)
    - Mu opiate receptor gene – OPRM1 A118G
    - Catechol-O-methyl transferase (COMT) – Val 158 Met
    - Dopamine Receptor Type 2 Gene (DRD2) – rs1076560 C vs. A
    - Gamma butyric acid (GABA) receptor alpha subunit Gene (GABRA2) – rs279868 C vs. T
  - Variable Number Tandem Repeats (VNTR)
    - Dopamine Transporter Gene – DAT1
    - Dopamine Receptor Type 4 Gene – DRD4
    - Serotonin Transporter Gene Promoter – SHTTLPR

- **Other Billable Service**
  - Phlebotomy (blood draws)
  - Study Sample Preparation
  - Packaging and Shipping to Third Parties (e.g. clinical trial reference labs)
  - Freezer Storage of Samples

Contact: Megan Davis—Lab Manager 792-5440 or davme@musc.edu
ONGOING STUDIES

Title: Group Motivational Interviewing (GMI) for Homeless Veterans in VA Services
Contact: Kayla Lamb, Kayla.Lamb@va.gov, 843-577-5011 ext: 5310
Description: We are seeking Veterans who are homeless or in the VA Homeless Program to voluntarily enroll in a VA research study comparing two types of treatment for Veterans who have an alcohol misuse problem. Eligible participants will attend one of two groups: a motivational enhancement group therapy, called ‘The Self-Change Program’, designed to enhance motivation to make a healthier change around using substances by exploring personal goals, values, and strengths for making a change, or a Like Skills Educational Group therapy for improving quality of life and enhancing home stability. The study will recruit participants from within three locations: the Charleston VA Medical Center, the Myrtle Beach Community Based Outpatient Clinic (CBOC), and the Savannah, GA CBOC. Compensation will be provided to qualified participants.

Title: A Randomized, Double-blind, Multicenter, Placebo-controlled, Parallel-group, Efficacy and Safety Study of 2 Doses of Dasotraline in Adults with Attention Deficit Hyperactivity Disorder (ADHD)
Contact: Amanda Wagner, wagne@musc.edu, 843-792-0484
Description: This is a randomized, placebo-controlled, double-blind clinical trial (Phase III) evaluating the safety and efficacy of an investigational medication called Dasotraline in adults with Attention Deficit Hyperactivity Disorder. The study requires weekly visits for 12 weeks, and daily medication compliance.

Title: Effects of transcranial Direct Current Stimulation and Brief Cognitive Intervention on Pain Tolerance.
Contact: Brittan Carter, cartebri@musc.edu, (843) 792-3659
Description: The Departments of Psychiatry and Anesthesiology at MUSC are accepting volunteers for a clinical research study to investigate pain tolerance. The purpose of this study is to determine whether a new medical technology, called Transcranial Direct Current Stimulation (tDCS) can temporarily alter pain tolerance level. tDCS is a minimally-invasive technique (i.e., it does not involve any surgical procedures, additional medication or sedation, or needles) that uses a very small amount of electricity to temporarily stimulate specific brain areas in awake people. The electrical current passes through the skin, scalp, hair, and skull and can temporarily increase or decrease activity in areas of the brain that are thought to be involved with pain perception. Interested participants will be screened on the telephone and then have one appointment lasting approximately 1 hour. Participants must be between the ages of 18 and 75. Participation is confidential, and compensation is available.
Title: The Effects of Cognitive Behavioral Therapy and Transcranial Direct Current Stimulation (tDCS) on Fibromyalgia Patients  
Contact: Brittan Carter, cartebri@musc.edu, (843) 792-3659  
Description: The purpose of this study is to determine whether a new medical technology, called Transcranial Direct Current Stimulation (tDCS), can help reduce fibromyalgia and reduce the need for pain medication when applied in combination with cognitive behavioral therapy (“talk therapy”). tDCS is a minimally-invasive technique (i.e., it does not involve any surgical procedures, additional medication or sedation, or needles) that uses a very small amount of electricity to temporarily stimulate specific brain areas in awake people. The electrical current passes through the skin, scalp, hair, and skull and can temporarily increase or decrease activity in areas of the brain that are thought to be involved with pain reduction. Some preliminary studies suggest that tDCS may be effective in reducing fibromyalgia and altering pain perception in both healthy adults and in patients with various types of pain conditions. Participants must be between the ages of 21 and 85. Participation is confidential, and compensation is available.

Title: Preliminary Study Investigating Whether Low Field Magnetic Stimulation (LFMS) Has Antinociceptive Effects In A Laboratory Pain Model  
Contact: Brittan Carter, cartebri@musc.edu, (843) 792-3659  
Description: The purpose of this study is to determine whether a new form of non-invasive brain stimulation, called low field magnetic stimulation (LFMS), can relieve pain. LFMS is like another form of brain stimulation called transcranial magnetic stimulation (TMS). This study consists of a 30 minute screening visit and two 90-minute experimental trials separated by approximately one week. Participation is confidential, and compensation is available.

Title: The Effects of Cognitive Behavioral Therapy and Transcranial Direct Current Stimulation (tDCS) on Chronic Lower Back Pain  
Contact: verteranpainsc@gmail.com, 843-779-2493  
Description: The purpose of this study is to determine whether a new medical technology, called Transcranial Direct Current Stimulation (tDCS), can help reduce chronic lower back pain and reduce the need for pain medication when applied in combination with cognitive behavioral therapy (“talk therapy”). tDCS is a minimally-invasive technique (i.e., it does not involve any surgical procedures, additional medication or sedation, or needles) that uses a very small amount of electricity to temporarily stimulate specific brain areas in awake people. The electrical current passes through the skin, scalp, hair, and skull and can temporarily increase or decrease activity in areas of the brain that are thought to be involved with pain reduction.  
• COMPENSATION PROVIDED  
• ALL INFORMATION IS CONFIDENTIAL  
PARTICIPANTS MUST:  
• Be between the ages of 18 - 70  
• Suffer from chronic pain  
• Be a United States Veteran  
• Take a prescription pain medication
Title: Comparison of Pre-Trial Competency to Stand Trial Defendants’ Characteristics on Outcome of Feigning Measures: A Preliminary Study of Local Norms
Contact: Jennifer Steadham, steadhaj@musc.edu, 876-2140
Description: Deliberate attempts to falsify, fabricate, or grossly exaggerate some aspect of functioning is known as feigning. When feigning is motivated by possibility of external gains (e.g., avoidance of prosecution or lesser punishment), it is known as malingering (Rogers & Shuman, 2005). Malingering has obvious relevance in forensic mental health evaluations, as pre-trial criminal defendants have clear motivations to feign impairment. Feigning strategies can be subdivided into two varieties in criminal forensic contexts: cognitive (i.e., memory or thinking processes) and psychiatric (i.e., symptoms of major mental disorders) impairment. Categorical classifications can be made on the basis of a defendant’s performance on feigning assessment measures, into groups thought to be exaggerating or fabricating impairment (“probable malingers”) or those thought to be responding honestly (“non-malingerers”). In the last decade, direct examinations comparing the characteristics of competency defendants suspected of malingering versus non-malingerers, as classified by feigning measures, have been sparse and most often included as an incidental question in a larger study. For the current study, a sample of competence to stand trial evaluations conducted by MUSC’s Forensic Psychiatry Program will be reviewed. Competency to stand trial reports dated 2011 through August 2015 will be included for review. Evaluation reports will be coded for examinee (e.g., demographic, psychiatric diagnoses, and mental status descriptions) and evaluator characteristics (i.e., specialty field).

Title: CSP556 “rTMS for depressed veterans”
Contact: Matt Schmidt, matthew.schmidt@va.gov, 843-577-5011 ext 5209
Description: This is study for veterans only who have depression. The treatment given is Transcranial Magnetic stimulation. It is a double blind study with a sham (placebo) possibility. There is a screening phase of about 1 week, a treatment phase of 4-6 weeks, and a follow up phase where subjects come in once per month for 5 months. All procedures and assessments done at Ralph Johnson VA. Subject compensation is available up to $400.00.

Title: A Randomized Trial of E-cigarettes: Natural Uptake, Patterns and Impact of Use
Contact: Caitlyn Hood, hooca@musc.edu, 843-876-2291
Description: Electronic cigarettes (e-cigarettes) are the newest and perhaps the most popular non-cigarette products available to smokers. In this study, we will examine how the use of electronic cigarettes affects smoking behavior. Eligible participants will have a 2/3rds chance of receiving a sample of e-cigarettes. Participants must be current, daily cigarette smokers who are 18 years of age or older and interested in trying the e-cigarette.

Title: Oxytocin in Cocaine Dependence
Contact: Lisa Nunn, jenkinli@musc.edu, 792-0476
Description: This study explores the effect of oxytocin on stress response and brain reactivity in individuals with cocaine dependence. Participation consists of a screening visit, three outpatient study sessions, and two brief follow-up visits.
Dr. Anthony C. Ross
ISLAND CHIROPRACTIC CENTRE

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Anthony C. Ross DC, DAAPM, CCSP
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