**Invega: 6+1=6?**

**Trevor Egli and Dan Egli, Ph.D.**

On December 19, 2006 the (presumably) seventh atypical neuroleptic was approved by the FDA for schizophrenia. The previously approved atypicals included:
- clozapine (Clozaril®)
- risperidone (Risperdal®)
- olanzapine (Zyprexa®)
- quetiapine (Seroquel®)
- ziprasidone (Geodon®)
- aripiprazole (Abilify®)

The manufacturer of risperidone (Risperdal®) is Ortho-McNeil Janssen. The manufacturer of the latest atypical is also Ortho-McNeil Janssen. Notice that risperidone and paliperidone are spelled very similarly. Paliperidone (Invega®) is simply the major active metabolite of risperidone, which is scheduled (interestingly?) to lose its patent exclusivity in December, 2007. Invega® has been

(continued on page 10)

**S.W.A.A.T Works to Help Hawaii at a Critical Point**

**Owen Nichols Psy.D., ABPP**

This has been a very exciting time to be a member of Division 55 and an even more exciting time to be coordinating S.W.A.A.T. (Strategic Working Advocacy Activation Team). It has been extremely impressive to see the commitment of our leaders and our membership as they have joined together to support those states that are on the verge of achieving prescriptive authority for appropriately qualified psychologists. As the prescriptive authority agenda has matured over the past two decades, so has our understanding of the political process and our willingness to unify to support our colleagues that share our vision of the future for medical prescribing psychologists.

Nine states (California, Georgia, Hawaii, Illinois, Mississippi, Missouri, Montana, Oregon, and Tennessee), introduced prescriptive authority bills in their state legislatures this year. Several of these states made significant progress during their legislative sessions. Hawaii was able to secure passage of their prescription privilege bill in their State Legislature. When the bill reached the desk of the governor, Division 55 members and S.W.A.A.T. were called upon to provide assistance in generating the funds to further advance the bill. Sixty-six members of Division 55, approximately 10 percent of the total membership, quickly responded by contributing over $16,000 to support the psychologists in Hawaii who had carried the bill through their Legislature.

Contributions to assist Hawaii were made by Drs. Elaine LeVine, President, Mario Marquez, President-Elect, Bob McGrath, Past-President, Matthew Nessetti, Past-President, Lance Laurence, Keith Hulse, Pauline Lloyd, Jeanne Bennett, Rob Rottschafer, Belinda Novik, and many others.

(continued on page 4)
Aloha. As we go to press in late June, we are anxiously awaiting to see if the Governor of Hawaii will sign the bill which would provide increased access to coordinated mental health treatment for the citizens of Hawaii by allowing properly trained psychologists to write prescriptions. Congratulations to all who have worked so hard to get the bill this far – passing both the House and the Senate. Congratulations to the membership across the country and even internationally who donated $16,000 to help Hawaii. The fundraising effort was spearheaded by Owen Nichols, whose article begins on page 1. See also the announcement by L. Martin Johnson on page 15. At the annual convention in August, APA is honoring Josh Green, M.D., the physician-legislator who has provided “courageous leadership” in order to increase access to appropriate care in Hawaii. Congratulations to all of the psychologists and others who worked hard to introduce bills in the other eight states this season. Prescriptive authority will happen in all states eventually.

Also in this issue, our President, Elaine LeVine, outlines the many important developments that are occurring in this movement (page 3). Elaine summarizes recent developments, noting how psychologists can contribute to healthcare in so many sectors. President LeVine goes on to communicate strategic goals for Division 55.

Our own Prince of Pithiness, Dan Egli, and his son Trevor Egli, have written the feature clinical article for this issue on the seventh atypical antipsychotic, paliperidone (Invega). Most of us know and appreciate the Egli style.

Alan Gruber (Ph.D., M.D., D.S.W.) has made two contributions to this issue, both on page 5. Alan discusses the process for recognizing Fellows in Division 55. He also discusses the profound implications of the Health and Behavior codes, allowing psychologists to bill for the evaluation and treatment of physical disease.

With the APA Annual Convention just coming up in August in San Francisco, there is a summary of Division 55 offerings on pages 6-9. Speaking of that, I am looking for Division 55 members willing to serve as roving reporters at the annual convention, making brief reports on the presentations attended. If you are interested, please contact me at the email address below.

Aloha,

Jeff Matranga, Ph.D., ABPP
Editor, The Tablet
jeff@hpmaine.com

Announcement: Additional Division 55 Panel at the APA Convention

How RxP Psychologists can respond to the compelling needs of our soldiers: Future Goals for Division 55.

Panel Moderator: Pat Deleon
Panel Members: Kimberly Finney, Larry James, James Meredith, Gil Sanders, & Morgan Sammons.
Dear Colleagues:

Now, more than any time previously, the need for prescribing/medical psychologists is becoming more critical. The difficulty in accessing good mental health care including the administration of psychotropics is continuing to diminish. As President of Division 55, I have had the honor of speaking in several state legislatures this year regarding RxP. I was struck by the fact that in a variety of states, the lack of adequate care is pronounced in urban as well as rural settings. In those legislative sessions in which I participated, no one, not even our fiercest opponents, could repudiate the access to care issues. Added to this pressing impetus to grant psychologists prescriptive authority are the exigencies created by our war in Iraq as well as defending against terrorism in other countries. We have the obligation to address the emotional stresses of our veterans, including their symptoms of posttraumatic stress and the psychological sequelae from closed head injuries, due to the high frequency of exposure to explosives. Yet another compelling reason to support prescriptive authority is the emerging literature about potential side effects of so many of the psychotropics. Psychologists adopting a scientist-practitioner model are in the excellent position to carefully analyze the research regarding the efficacy and side effects of various drugs. Because we view education as part of our role as healers, we work with our patients to provide the extensive informed consent that allows them to make knowledgeable decisions about using medications, given a thorough understanding of the cost/benefit ratio. Amidst these critical needs is our ever shrinking technological world, or as Thomas Friedman has insightfully written, that “our world has become flat.” How very appropriate that APA President Sharon Brehm chose international perspectives in psychology as a major theme for the APA Convention this year. Despite our many public relations issues in the world arena, I think it is fair to say that the rest of the world is looking to our country to see how granting prescriptive authority to properly trained psychologists can assist in addressing the serious mental health concerns which occur throughout the world.

A beacon of hope amidst these global needs is the work of our Division 55. In the first six months of 2007, we have witnessed incredible human resources within our Division. Our Division has sponsored a very successful Advocacy Summit attended by 120 psychologists who will be moving the RxP legislation forward in their respective states. RxP legislation has been introduced in 2007 in California, Georgia, Hawaii, Illinois, Mississippi, Missouri, Montana, Oregon and Tennessee. As of this writing, a bill has not passed this year, but no one can doubt how much progress has been made towards achieving RxP legislation in a number of states. As a general rule, advocacy experts state it takes about ten years to pass legislation. That estimate well reflects efforts in New Mexico and Louisiana. Most assuredly, it is just a matter of time and continued devotion from our members and RxP will become a reality in a number of states that have been working diligently towards this purpose. I know that I express the feelings of all of you in offering my whole-hearted gratitude to the pioneers in those states who have moved their legislation forward in the last several years. It takes dedicated leaders and an organized group of supporters behind those leaders to bring RxP legislation to fruition.

This year has also been remarkable in demonstrating the level of financial support our Division 55 members are willing to commit in order to facilitate RxP legislation across the country. Under Owen Nichols’ vibrant leadership we collected over $16,000 to support the Hawaii efforts and additional monies to support the Tennessee and Missouri efforts. As a Division we have learned how to organize financially to support the RxP efforts in particular states that are in need of our assistance in order to “close in on our end goal.” We clearly need to continue these important efforts. Please look for Owen’s article in this edition of the Tablet regarding S.W.A.A.T. as well as consider becoming a member of S.W.A.A.T.

As we direct ourselves towards our ultimate goal of passing RxP legislation in every state, it is important to take pause and ask ourselves, as a Division, how we should direct our efforts in the immediate future and in the long run. To assist in this determination, I appointed a Strategic Planning Task Force. The Task Force is co-chaired by myself and Ron Fox (Past President of Division 55 and of the American Psychological Association); Bob McGrath (Immediate Past President of Division 55); Beth Rom-Rymer (Past President of Division 55); Mario Marquez (President-Elect of Division 55); Jack Wiggins (Past President of Division 55 and Past President of the American Psychological Association); and Bob Resnick (Past President of the American Psychological Association). The Task Force generated six primary goals. In its May 2007 Division 55 Board Meeting, the Board voted to accept the first three goals to guide our efforts for the remainder of this year and to reevaluate these goals in 2008, and modify them as necessary to direct our efforts next year. These goals are:

1. Support passing RxP legislation in each of the states. *Examples:* 

(CONTINUED ON PAGE 14)
RxP: A Focus for CAPP Integration Group
Mark Muse Ed.D., ABPP

The Committee for the Advancement of Professional Practice (CAPP) held its spring meeting at APA headquarters on April 27, 2007. The CAPP Integration Group is charged with generating future areas of interest for the main CAPP to focus its efforts. The Integration Group met on Friday morning and later presented its report to the CAPP full committee that afternoon. The full CAPP committee met on Friday, Saturday and Sunday.

Of the old and new business items on the CAPP Integration Group’s agenda, RxP stood out prominently. In the ensuing discussions, RxP occupied well over 50% of the committee’s deliberations.

A report given on Division’s 55’s February 2007 Advocacy Summit was met with satisfaction among the committee’s members. The creation of S.W.A.A.T. was also discussed, with general support for the idea of an extraofficial mechanism, in addition to and separate from direct Practice Directorate financial aid, for funding state initiatives for gaining prescription authority.

Division 18’s RxP initiative to fund RxP training for 100 psychologists through Alliant University was discussed, noting that revenue has been generated to pay for the training of 16 psychologists. The Practice Directorate Executive Director informed that APA does not have monies to directly support Division 18’s initiative. The ensuing discussion explored the possibility of seeking grants and partnering with state and federal agencies to provide funding. It was highlighted by the CAPP chair that many of the pioneering psychologists who have brought RxP thus far have done so with significant economic sacrifice. Financial aid for the training of aspiring prescribing psychologists should not drain the current effort to finance legislation in those states vying for RxP authority, and should only be extended to those psychologists who are serving, or are intending to serve, disadvantaged populations and are not expected to immediately benefit financially by their RxP career pursuit.

S.W.A.A.T. CONTINUED FROM PAGE 1


The donations consisted of 59 individual contributions ranging from $1000 to $50, a contribution from the CAPP of $500 and seven individual contributions of undisclosed amounts. Early during the initial call for contributions to support Hawaii, Dr. Lance Laurence, Director of Professional Affairs of the Tennessee Psychological Association donated $500 and offered to double his contribution to $1000 if the other 38 contributors at that point in time would do the same. As a result of this challenge, 41 of the final 66 contributors agreed to double their initial contribution, resulting in approximately $16,000 being raised for Hawaii prescriptive authority efforts within two weeks.

Our joint efforts to support Hawaii in their pursuit of prescriptive authority will not go unnoticed by APA and state legislators across the country. As we become more sophisticated in our legislative strategy and our fund raising efforts, our voices will be heard more clearly and our agenda shall be achieved in all 50 states. We have the good fortune of having a meaningful message as our country faces a national health care crisis. Traditionally, our profession has been slow to warm to the idea of being politically active, but when 66 psychologists from across the nation join together to contribute over $16,000 in two weeks to support our colleagues in the state of Hawaii, we have clearly demonstrated that we can be active advocates for our profession and our patients.

It is impressive that nine prescriptive authority bills were presented in state legislatures across the United States this year. However, it is my hope that we will double that number next year and that when the next state reaches the point of needing our support that the entire membership of Division 55 will come forward and make a contribution just as the 66 leaders listed above have done to support Hawaii.

Dr. Martin Johnson of Hawaii wanted the following shared with the members of Division 55, “On behalf of the folks on the ground in Hawaii, I want to add our heartfelt mahalo, for all your support and generosity! Please know that we are working every possible angle to get this bill into law including scheduled media appearances, letter campaigns and meetings with senior policy advisors in the Governor’s office.”

Martin went on to share some very encouraging comments that clearly suggested that all of our efforts are yielding positive results and that he will keep us posted on their success over the next few weeks.

After reading this article, I encourage each of you to make a commitment to support future prescriptive authority efforts by pledging to commit $1000 per year to S.W.A.A.T. initiatives such as has taken place with Hawaii (http://www.division55.org/IndividualPledgeForm.pdf). I would also recommend that any state desiring the assistance of S.W.A.A.T. in the future, complete the application for a S.W.A.A.T. endorsement (http://www.division55.org/ApplicationForm.pdf). S.W.A.A.T. will only endorse 4-5 states per year based upon a completed application. The goal of S.W.A.A.T. is to help states clear the final hurdle when they are at the tipping point of passing prescriptive authority and need the additional resources to cross the finish line.
The Fellows Committee of Division 55 is soliciting members who are interested in applying to be Fellows. The status of Fellow is an honor bestowed on psychologists who belong to the Division and are viewed by their colleagues as having made outstanding contributions to the field of Medical Psychology/Psychopharmacology.

APA states that a psychologist who is a Fellow is one whose work has had national impact. “A high level of competence or steady and continuing contributions are not sufficient to warrant Fellow status. National impact must be demonstrated.”

From the perspective of the Division 55 Fellows Committee, there are many of our members who meet these criteria. Many have made great personal sacrifices and maintained an unwavering focus to bring our special area of practice to the place we now find ourselves. As leaders in the field, you deserve our recognition and respect.

The Division committee submits the names of candidates to APA. The APA Fellows Committee, in turn, has the responsibility to review each nomination and forward their recommendation to the APA Board of Directors and Council of Representatives.

The APA Fellows Committee usually makes its decisions in March of each year and official notification is made in October. The delay is to allow appeals.

An application packet is being prepared by APA and should be available around the first of June. If you are interested in being considered for the status of Fellow, please send an email to alangruber@massmed.org with your mailing address. The packet will be sent out to you as soon as they are available.

Fellowship in Division 55

Alan Gruber, D.S.W., Ph.D., M.D.

Health and Behavior Assessment and Intervention

Alan Gruber, D.S.W., Ph.D., M.D.

It has now been several years since APA successfully negotiated to establish the Health and Behavior Assessment and Intervention Codes (HBAI). They are now in place with Medicare and most private health insurers. The codes are for the use of psychologists and are to be used for the evaluation and treatment of physical disease. Many people fail to recognize the profound implication of this achievement. In essence, the availability of the HBAI codes to psychologists represents the validation of psychology as a health care profession, as opposed to limiting the profession solely to the practice of mental health. There is no group of psychologists to whom this should be more relevant than those that belong to Division 55. Medical psychologists should be the major providers of these services and the HBAI procedure codes represent the primary mechanism by which medical psychologists can begin to increasingly penetrate this market.

Regrettably, for reasons that are not well understood, psychologists are not using the procedure codes to any significant degree. Having placed so much energy into bringing the codes to the field, the third party payers tend to see the lack of psychology claims as possibly meaning that we are not as involved in general health care as was thought.

Many members of Division 55 are seeing patients for problems associated with physical disease. It would seem, however, that most of us continue to submit claims to insurers for psychotherapy services, rather than the HBAI services. The “take home message” of this brief communication is to emphasize that failing to use the codes misses significant opportunity to demonstrate the volume with which we are engaged in these areas of practice. That volume of practice is important for our credibility as we attempt to gain greater professional authority and privilege.

There are five HBAI codes: 96150 – Initial Assessment; 96151 – Subsequent Assessment; 96152 – Individual Intervention; 96153 – Group Intervention; 96154 – Family Intervention with Patient Present; and 96155 – Family Intervention without Patient Present. When claims for these services are submitted, the diagnosis must be a physical diagnosis. It cannot be a mental health diagnosis. Claims for services are made in fifteen minute units.

Each third party payer may have their own definitions of the services. It will be necessary to check on those policies in your specific jurisdiction.

You may be seeing a patient with COPD who is very depressed because of their health status. You could legitimately see the patient and submit a psychotherapy claim for depression or, alternatively, submit an HBAI code for COPD. For reasons of assisting to further establish ourselves as health care providers, I would request you to seriously consider using these codes much more often.
Division 55 PROGRAM SUMMARY
APA Annual Convention

- FRIDAY AUGUST 17, 2007

8:00 AM - 9:50 AM
MOSCONER CENTER ROOM 3009

Symposium (S): Research - Practitioner Model - Creating Empirical Support for the Prescribing Psychologist

Chair: Beth N. Rom-Rymer, PhD

Participant/1stAuthor:
Beth N. Rom-Rymer, PhD - Title: Research—Practitioner Model: Science and the Prescribing Psychologist
Jeff Matranga, PhD - Title: Medications Versus Therapy Versus Combination for Depression and Anxiety: What the Data Tell Us
Capt. Robert D. Younger, PhD - Title: When Is Prescribing Really Prescribing? Parsing the Prescribing Experience
John F. Drozd, PhD - Title: RxP for the Suicidal Patient
Norman Wallis, PhD - Title: Battle for the Use of Drugs for Therapeutic Purposes in Optometry: Lessons for Clinical Psychology
- Coauthor: Danny Wedding, PhD, MPH

9:00 AM - 10:50 AM
MOSCONER CENTER ROOM 2004

Invited Address (S): Alice Van Alstine, MD

Chair: David Cox, PhD

- Title: Signs and Symptoms of Medical Problems

11:00 AM - 11:50 AM
MOSCONER CENTER ROOMS 232 AND 234

Paper Session (S): Effective Collaboration—Pharmacologically Trained Psychologists and Physicians

Participant/1stAuthor:
George M. Kapalka, PhD - Title: Pediatrician—Psychologist Collaboration: A Review of Effective Consultation Practices
Joan B. Read, PhD - Title: Collaborative Model of Medication Management Post Psychopharmacology Training

12:00 PM - 12:50 PM
MOSCONER CENTER ROOMS 202/204/206

Symposium (S): Role of Psychology in an Integrated Health Care System

Cochair: Nadia T. Hasan, MA and Ronald F. Levant, EdD

Participant/1stAuthor:
Ronald F. Levant, EdD - Title: Health Care for the Whole Person
Carolyn M. Tucker, PhD - Title: Providing and Evaluating Patient-Centered Culturally Sensitive Health Care
Benjamin F. Miller, MA - Title: Graduate Students and Integrated Health Care: Current Trends and Future Opportunities

Discussant:
Patrick H. DeLeon, PhD, JD
1:00 PM - 1:50 PM
MOSCONICENTER ROOM 212

Paper Session (S): Emerging Models for Clinical Experience in Psychopharmacology

Chair: Thomas C. Thompson, PhD

Participant/1stAuthor
Christine A. Gray, PsyD, MS - Title: Family Medicine Residency Program as a Psychopharmacology Fellowship Site: A Win-Win situation
J. Paul Burney, PhD - Title: Conroe Model: Preceptorship in a Family Practice Residency Program
William J. Burns, PhD, MS - Title: Clinical Psychopharmacology Practice Training for Psychologists
- Co-Author: Jose Rey, DrPH, MS
- Co-Author: Kayreen A. Burns, PhD, MS
Marlin C. Hoover, PhD, MS - Title: Cotraining of Prescribing Psychologists and Family Physicians: The Las Cruces Model

Discussant
Ronald E. Fox, PhD

2:00 PM - 3:50 PM
MOSCONICENTER ROOM 200

Symposium (S): International Perspectives in Perspective Authority

Chair: Robert J. Resnick, PhD

Participant/1stAuthor
Leigh W. Jerome, PhD - Title: Prescriptive Collaborations
Martin Gittelman, PhD - Title: Community-Based Treatment: Psychosocial, Pharmacological, and Rehabilitation in Developing Countries
Hans Schutz, PhD - Title: Prescription Privileges in The Netherlands
Robert J. Resnick, PhD - Title: Prescriptive Authority: An International Perspective
Morgan T. Sammons, PhD - Title: Advancing the Scope of Practice of Nonphysician Health Care Providers

Discussant
Patrick H. DeLeon, PhD, JD & Jan J.L. Derkson, PhD

7:00 PM - 7:50 PM
SAN FRANCISCO MARRIOTT HOTEL
NOBHILL ROOMS A AND B

Conversation Hour (N): Meet the Program Directors and Graduates - Discover your Ideal Prescriptive Authority Training Program

Chair: Elaine S. LeVine, PhD

- SATURDAY AUGUST 18, 2007

8:00 AM - 9:50 AM
MOSCONICENTER ROOM 2000

Symposium (S): Uncovering the Little-Known Chronic Sexual Side Effects of the SSRIs

Chair: Beth N. Rom-Rymer, PhD

Participant/1stAuthor
Audrey S. Bahrick, PhD - Title: Methodological Artifact Problems in Assessing Post-SSRI Sexual Dysfunction
Stuart Shipko, MD - Title: Golden Rule for Clinical Practice in the Use of the SSRIs

Discussant
David O. Antonuccio, PhD
2:00 PM - 3:50 PM
MOScone CENTER ROOM 2010

Invited Symposium (S): Psychological Trauma - Best Practices, Innovations and International Perspectives

Chair: Elizabeth K. Carll, PhD

Participant/1stAuthor
Elaine S. LeVine, PhD - Title: Integrating Psychotherapy and Pharmacotherapy in the Treatment of PTSD: A Biopsychosocial Model of Care
James R. Alvarez, PhD - Title: Kidnap: A Uniquely Human Crime
Fernando Chacón, PhD - Title: Large-Scale Intervention Following the 2004 Madrid Terrorist Attack
Rachel M. MacNair, PhD - Title: Trauma of Killing
Eric Vermetten, MD, PhD - Title: Online Web Platform for Supporting Survivors of the Tsunami
Cheryl Gore-Felton, PhD - Title: Pairing Trauma Treatment With HIV Prevention to Reduce Sexual Risk
Anne Dietrich, PhD - Title: Trauma and Violence Against Women

5:00 PM - 5:50 PM
SAN FRANCisco MARriott
HOTEL PACIFIC CONFERENCE SUITE I

Symposium (N): Granting of Awards for Advocacy - State and National Award Recipients Honored: Their Contributions Highlighted

Chair: Elaine S. LeVine, PhD Chair of Awards Committee: Morgan Sammons, PhD

6:00 PM - 6:50 PM
SAN FRANCisco MARriott
HOTEL PACIFIC CONFERENCE SUITE C

- Social Hour -

- SUNDAY AUGUST 19, 2007

12:00 PM - 12:50 PM
MOScone CENTER ROOM 262

Invited Address (S): Mary A. Gutierrez, PharmD

Chair: Warren J. Rice, PhD, MS

- Title: Drug—Drug Interactions: Pharmaceuticals, OTCs, Herbal and Food Products

1:00 PM - 1:50 PM
MOScone CENTER ROOM 3000

Symposium (N): Prescription Privileges - What Every Graduate Student Needs to Know

Cochair: Kelly C. Doy, MS and Beth N. Rom-Rymer, PhD

Participant/1stAuthor
Beth N. Rom-Rymer, PhD - Title: Advocacy for Prescription Privileges
Elaine S. LeVine, PhD - Title: Postdoctoral Training Programs in Psychopharmacology
James H. Bray, PhD - Title: Using the Biopsychosocial Model for Psychology and RxP
Glenn A. Ally, PhD - Title: Reports of My Becoming a Junior Psychiatrist Have Been Greatly Exaggerated

Discussant
Brady A. Berman, MA
Presidential Address (S): Presidential Address and Business Meeting
Chair: Elaine S. LeVine, PhD

- MONDAY AUGUST 20, 2007

8:00 AM - 8:50 AM
MOSCON CENTER ROOM 212

Paper Session (S): Scientist - Practitioners Look at Pharmacotherapy
Chair: Caroline B. Williams, PhD

Participant/1stAuthor
Caroline B. Williams, PhD - Title: Tale of Two Brains: Integrating Dynamic Psychotherapy With Psychopharmacology
Glen I. Spielmans, PhD - Title: Accuracy of Psychiatric Drug Advertisements in Medical Journals
- Co-Author: Shelly A. Thielges, BA
- Co-Author: Amy L. Dent, BA
- Co-Author: Roger P. Greenberg, PhD
Glen I. Spielmans, PhD - Title: Duloxetine for Pain in Depression: A Meta-Analysis
Discussant
James H. Bray, PhD

10:00 AM - 10:50 AM
MOSCON CENTER HALLS ABC

Poster Session (N): Poster Session

Participant/1stAuthor
Amy M. Simpson, BA - Title: Prescription Privileges: Graduate Student Knowledge and Interest
- Co-Author: Annette S. Kluck, PhD
Joshua W. Madsen, PhD - Title: Provider Collaboration, Patient Satisfaction, and Antidepressant Adherence
- Co-Author: John R. McQuaid, PhD
- Co-Author: W. Edward Craighead, PhD
Kathryn P. White, PhD - Title: What Prescribing Psychologists Should Know About Botanicals
Randy Noblitt, PhD - Title: Use of Sodium Amytal in Psychological Diagnosis and Treatment

12:00 PM - 12:50 PM
MOSCON CENTER ROOM 2003

Paper Session (N): Graduate Students Make a Difference in State Advocacy - Illinois Psychologists Reap the Benefits
Chair: Connie B. Natvig, PhD

Participant/1stAuthor
Elizabeth Anderson, MA - Title: 21st-Century Advocacy: Using Goiogle to Pass Prescriptive Authority Legislation
Erin O. Zerth, MA - Title: Advocacy in the 21st Century: Results of Statewide Mailer for Prescriptive Authority Support

1:00 PM - 1:50 PM
MOSCON CENTER ROOM 250

Discussant
Laura H. Barbanel, EdD, Kathy J. Harowski, PhD & Michael J. Murphy, PhD
approved in an extended-release (ER) formulation for the treatment of schizophrenia. Using the OROS (osmotic controlled release system) technology, controlled drug delivery occurs for up to 24 hrs. Variable amounts of drug are released through the day such that serum concentrations take 24 hrs. to reach a peak and 4-5 days for steady state to be achieved. The only drug with a similar (with very slight differences) OROS delivery system is methylphenidate (Concerta®). Theoretically, less peak-trough variability should make it more tolerable. In contrast, Risperdal reaches its peak in ~1 hr. In reality, however, when Risperdal is taken the liver gradually converts Risperdal into paliperidone, with peak concentrations occurring about 3 hours later. Theoretically, the longer continuous release should lead some patients to have fewer initial side effects but the corresponding disadvantage might be its inability to reduce agitation and anxiety as quickly.

### Paliperidone (Invega®) Pharmacology

<table>
<thead>
<tr>
<th>Probable mechanism of action:</th>
<th>D2/5-HT2a antagonist</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Formulation:</strong></td>
<td>3, 6, and 9 mg ER tablets</td>
</tr>
<tr>
<td><strong>Route:</strong></td>
<td>Oral</td>
</tr>
<tr>
<td><strong>Bioavailability:</strong></td>
<td>28%</td>
</tr>
<tr>
<td><strong>Half-life:</strong></td>
<td>23 hrs.</td>
</tr>
<tr>
<td><strong>Metabolism:</strong></td>
<td>CYP2D6 &amp; 3A4</td>
</tr>
<tr>
<td><strong>Elimination:</strong></td>
<td>80% urine/11% feces</td>
</tr>
<tr>
<td><strong>Dosage range:</strong></td>
<td>3-12 mg/d</td>
</tr>
<tr>
<td><strong>Receptor affinity:</strong></td>
<td>alpalpha1, alpha 2 adrenergic; H1 histaminergic</td>
</tr>
<tr>
<td><strong>No dosage adjustment for:</strong></td>
<td>Age, race, gender, smoking status, mild-to-moderate hepatic impairment</td>
</tr>
<tr>
<td><strong>Indication:</strong></td>
<td>Schizophrenia</td>
</tr>
<tr>
<td><strong>Contraindication:</strong></td>
<td>Known hypersensitivity</td>
</tr>
<tr>
<td><strong>Warning:</strong></td>
<td>Increased mortality in elderly with dementia-related psychosis</td>
</tr>
<tr>
<td><strong>NMS possible?</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>TD possible?</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>QT prolongation possible?</strong></td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Tablet ingestion:</strong></td>
<td>Whole (not crushed, chewed, or divided); with or without food.</td>
</tr>
<tr>
<td><strong>If renal impairment?</strong></td>
<td>6 mg/d if mild; 3 mg/d if moderate-to-severe</td>
</tr>
<tr>
<td><strong>Estimated cost/mo. at 6 mg:</strong></td>
<td>$350</td>
</tr>
</tbody>
</table>

With respect to dosing, the manufacturer indicates that the 6 mg dose will be an effective dose for many. In fact, the parent compound Risperdal® is already dosed as a qd drug very frequently. Additionally, since the dose of Risperdal® is often required to be titrated up, the same is likely to be true for Invega®. That no dose adjustments will be needed is unlikely. In two of the FDA trials 6 mg Invega® was less effective than the comparator drug Zyprexa at 10 mg. In both this and another study (Kane et al., 2007; Marder, 2005), the dose had to be titrated up to 12 mg to match or exceed Zyprexa’s efficacy. The bottom line is that in actual clinical practice, the 3-12 mg range is very likely to be the norm and the 3-6 mg range is likely to be the exception to the rule. Carlat (2007) reminds us that this sounds similar to the argument used by the manufacturer of Lexapro who tried to indicate that the 10 mg dose would be similar to 40 mg of Celexa when, in fact, the dose of Lexapro is frequently in the 10-40 mg range in actual clinical practice.

(Continued on Page 11)
**Side-Effect Profile: Invega v. Other Atypical Neuroleptics**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Metabolic Syndrome</th>
<th>EPS</th>
<th>Hyperprolactinemia</th>
<th>QTc</th>
<th>Wt. Gain</th>
</tr>
</thead>
<tbody>
<tr>
<td>paliperidone (Invega)</td>
<td>++</td>
<td>+++</td>
<td>+++</td>
<td>+</td>
<td>++</td>
</tr>
<tr>
<td>risperidone (Risperdal)</td>
<td>++</td>
<td>+++</td>
<td>+++</td>
<td>+</td>
<td>++</td>
</tr>
<tr>
<td>clozapine (Clozaril)</td>
<td>++++</td>
<td>+/-</td>
<td>+/-</td>
<td>+</td>
<td>++++</td>
</tr>
<tr>
<td>olanzapine (Zyprexa)</td>
<td>++++</td>
<td>+</td>
<td>+/-</td>
<td>+</td>
<td>++++</td>
</tr>
<tr>
<td>quetiapine (Seroquel)</td>
<td>++</td>
<td>+/-</td>
<td>+/-</td>
<td>+</td>
<td>+++</td>
</tr>
<tr>
<td>ziprasidone (Geodon)</td>
<td>+/-</td>
<td>+</td>
<td>+</td>
<td>++</td>
<td>+/-</td>
</tr>
<tr>
<td>aripiprazole (Abilify)</td>
<td>+/-</td>
<td>+</td>
<td>+/-</td>
<td>+/-</td>
<td>+/-</td>
</tr>
</tbody>
</table>

**Side-Effect Summary on Paliperidone (Invega):**

- Wt. gain: moderate; similar to Risperdal; more than Abilify & Geodon; less than Zyprexa & Clozaril
- 12-14% incidence of tachycardia
- More QTc prolongation than Risperdal; similar to Geodon. As such, avoid co-administration with known QTc prolongation classes:
  - Class 1A & III antiarrhythmics (quinidine, procainamide, amiodarone, sotalol)
  - Antipsychotic medications (chlorpromazine, thioridazine)
  - Antibiotics (gatifloxacin, moxifloxacin)
- Hyperprolactinemia: similar to Risperdal
- Category C teratogen

**Relative Effectiveness of SGA’s (Second-Generation Antipsychotics):**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>paliperidone (Invega)</td>
<td>+++</td>
</tr>
<tr>
<td>risperidone (Risperdal)</td>
<td>+++</td>
</tr>
<tr>
<td>clozapine (Clozaril)</td>
<td>++++</td>
</tr>
<tr>
<td>olanzapine (Zyprexa)</td>
<td>+++</td>
</tr>
<tr>
<td>quetiapine (Seroquel)</td>
<td>++</td>
</tr>
<tr>
<td>ziprasidone (Geodon)</td>
<td>++</td>
</tr>
<tr>
<td>aripiprazole (Abilify)</td>
<td>++</td>
</tr>
<tr>
<td>First-Generation Antipsychotics (FGAs)</td>
<td>++/++++</td>
</tr>
</tbody>
</table>

(Continued on page 12)
Drug-drug Interaction:
- Primarily metabolized by the kidney so:
  - fewer drug-drug interactions
  - no dose adjustment needed in patients with liver disease

Pricing/Cost Considerations:
- Likely to be priced slightly lower than Risperdal to get prescribers to switch and get it into formularies
- Reasonably priced Risperdal not likely until it goes off-patent.

Questions for the Dzweg Wep (à la Elmer Fudd):
- Greater efficacy than what’s available? No
- Greater likelihood of QTc prolongation than Risperdal? Yes
- Greater tachycardia than Risperdal? Yes
- Price significantly less than Risperdal? No
- More EPS than Risperdal? Possibly
- Less hyperprolactinemia than Risperdal? No
- Fewer drug-drug interactions than Risperdal? Yes

Summary of Invega ®:
“Can you say Patent Extender?” (Carlat, 2007)
“same wine in a fancier bottle” (Carlat, 2007)
“No specific advantages of the new formulation have been demonstrated.” (The Medical Letter, 2007)
“Son of Risperdal”

In summary, although paliperidone (Invega®) is considered a new chemical entity (NCE), these authors feel that it is essentially just a patent extender and although, technically speaking, it is the 7th of 7 atypical neuroleptics, \( 6+1=6 \). That is to say, paliperidone (Invega) is not significantly different than risperidone (Risperdal) and prescribers seem hesitant at this point to rush to prescribing it.

References
Ortho-McNeil Janssen personal communication.
OROS® Oral Delivery Technology. Available at http://www.alza.com/alza/oros

.Disclaimer:
- Dr. Egli has not received any funding or educational grants from the manufacturer.
- Dr. Egli is on the Editorial Board of The Carlat Psychiatry Report.
- Charts/graphs within article are solely the opinions of the authors and are based on a compilation of data/opinions gathered from:
  - CE/CME
  - Literature
  - Personal experience collaborating with prescribers
  - Personal experience with a growing number of patients on this agent
  - Journals/Newsletters/Internet reviews, data
  - Personal opinions of prescribing colleagues in the context of supervision, collaboration, and collegueal interaction

(CONTINUED ON PAGE 13)
ATYPICAL ANTIPSYCHOTIC MNEMONIC
CRZSGAI

CRaZy Symptoms Go Away Invariably

Clozaril® (clozapine) †, g
Risperdal® (risperidone)*
Zyprexa® (olanzapine)**
Seroquel® (quetiapine) ††
Geodon® (ziprasidone)***
Abilify® (aripiprazole) ‡
Invega® (paliperidone ER)

* also available as oral solution, CONSTA® (long-acting injection), & M-TAB® (ODT)
** also available as ZYDIS® (ODT [oral disintegrating tablet])
*** also available as Injection/IM
† also available as FazaClo® (ODT)
†† recent approval (5/07) of SR formulation
‡ also available as oral solution, DISCMELT (ODT), and injection/IM
g generic available

Atypical neuroleptics contraindicated in dementia-related psychosis

PRESIDENT’S PRIMER CONTINUED FROM PAGE 3

- Send ambassadors to states to help with organizing efforts, testifying, etc.
- Help states write CAPP Grants.
- Support development of state chapters of Division 55, as often a few such people move a state forward.
- Try to garner financial support to offer states (S.W.A.A.T.).

2. Educate, train and credential an increasing number of psychologists in clinical psychopharmacology. Examples:
   - Create an ABBP in clinical psychopharmacology.
   - Create a critical number of psychologists who receive the ABBP credential in psychopharmacology. Continue to increase that number on an annual basis.
   - Work to assist psychologists in passing the PEP.
   - Encourage students to receive an MA or certificate in clinical psychopharmacology.
   - Support RxP training and regulation changes of psychologists working in federal or state government organizations. For example, develop special task forces and listserves by agencies (VA psychologists, IHS psychologists, prisons and state hospitals).

3. Build and energize Division 55 membership. Examples:
   - Obtain lists of graduates of all RxP programs.
   - Follow up on any lead of persons interested in joining the Divisions.
   - Be available to facilitate communication among members and reduce conflicts of our members.
   - Broaden the stature of Division 55 within the APA (through Advocacy Summits and representation on committees, etc.) in order to assist the movement and to encourage more people to join the Division.

The Board would be very interested in your thoughts about the directions it has identified and welcome your comments through the listserve or directly to me with my assurance that I will share those comments with the Board. Bob McGrath, Mario Marquez and I are initiating contacts with our current APA President, Sharon Brehm, and APA President-Elect Alan Kazdin regarding our strategic goals and the ways that we can best interface with APA to accomplish them.

Throughout this Tablet you will find items about our upcoming APA Convention. I think you will see that through these programs we will have many opportunities to foster our strategic goals. We have symposia regarding advocacy, updates on psychopharmacology, a number of programs with international speakers, and many opportunities to interact with one another.

In this critical landscape in which the need for RxP becomes more essential, it is very important that we honor our leaders who are helping us move this agenda forward. I know you join me in congratulating our award winners for this year. Beth Rom-Rymer will receive our National Award for her continued devotion and creative efforts to the Division. Beth was a committed President of the Division, initiating the work of several important committees and creating our meaningful tradition of Mid-Winter Conferences. She continues to commit herself to RxP goals across the country by serving as our Counsel Representative, spearheading our efforts to obtain a diplomate in psychopharmacology and also serving as Division 55 Membership Chair. Marlin Hoover is the recipient of our State Award, based upon his many years of commitment to RxP in Illinois and his development of elegant advocacy material towards that cause, as well as his commitment toward Division 55 and, in particular, the excellent planning for the APA convention as Division 55 Program Chair. We are initiating a new award this year for a legislator or citizen who greatly facilitates RxP legislation. Our first award winner will be Senator Josh Green from Hawaii. The award winner for the Pat DeLeon Graduate Student Award is yet to be announced. Award winners will be offering some inspirational thoughts for us at a special award ceremony Saturday, August 18th from 5:00-5:50 p.m. You will find the exact times and places for the award presentations, our many exciting symposia and our business meetings in other sections of the Tablet. I hope that I will have the opportunity to see many of you at our APA Conference in San Francisco in August.

With respect to my opening comments, I would like to add that it is an awesome responsibility to serve as your President at a time in which there is the very obvious need to pass RxP laws and for there to be prescribing/medical psychologists across the country. So, I am very grateful to have such intelligent, energetic members to help me as we forge forward. Thank you very much for the honor of being your President.

Warmly,

Elaine
APA’s National Visionary Leadership Award to Josh Green, M.D. for Support of RxP

L. Martin Johnson, MBA, Psy.D.
Hawaii Psychological Association

Division 55 will present its first ever “National Visionary Leadership Award for Prescriptive Authority” to State Representative Josh Green, M.D. of Hawaii for his leadership in sponsoring and stewarding Hawaii’s RxP bill. Representative Green is scheduled to receive the award in person at the 2007 American Psychological Association Convention in San Francisco, California in August. The award ceremony is planned for August 18th at 5:00 p.m. in the Marriott Pacific, Conference Suite C.

Division 55 has established this new award for a citizen or legislator who has demonstrated a keen vision for how prescriptive authority for psychologists can benefit the underserved and provide quality care, and who has also demonstrated significant leadership in making prescriptive authority for psychologists a reality.

The American Society for the Advancement of Pharmacotherapy (ASAP) is Division 55 of the American Psychological Association. The goals of the Division are to enhance psychological treatments combined with psychopharmacological medications and promote the public interest by working for the establishment of high quality statutory and regulatory standards for psychological care.

Representative Green, the only medical doctor in the Hawaii Legislature, is the Chair of the House Health committee and the sponsor of the bill. This is the first time in the twenty year history of Hawaii’s fight for prescriptive authority that the bill has been passed by both houses of the legislature. “It is largely due to Josh’s courageous leadership and dedication to improving health care in rural Hawaii that we have been able to get our bill passed,” says Robin Miyamoto, Psy.D., President of the Hawaii Psychological Association.

The bill was vigorously opposed by the Hawaii Medical Association and the Hawaii Medical Psychiatric Association. In the face of the opposition’s vocal protests and legislative pressure tactics, Representative Green responded in the press by saying, “They put the fear of God into people, saying it’s unsafe. What’s unsafe is for people not to have mental health coverage.”

Representative Green has also been active in promoting health care in Hawaii by sponsoring the Keiki Care Plan legislation to cover all uninsured children in Hawaii; getting significant increases in funding for rural care; and challenging insurance companies to do more for public health.

Representative Green was educated at Swarthmore College and Penn State University, where he received his medical degree in 1997. After finishing medical school, Josh traveled to South Africa where he worked in missionary hospitals as a volunteer physician, treating a rural population overwhelmed by AIDS and malaria. Upon completion of his residency training in Family Medicine, Josh accepted a position in the National Health Corps to practice medicine in under-served areas of Hawaii. He is currently an Emergency Room Physician on the Big Island of Hawaii. Josh was elected to the Hawaii State House of Representatives on November 2, 2004 and serves as its Chair of Health, spearheading the movement to provide affordable and accessible quality healthcare for all the people of Hawaii.
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**Canadian Psychology Committee**
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Susan Patchin, Psy.D. (rural),
Elaine Mantell, Ph.D. (women)

**S.W.A.A.T. Committee**
Owen Nichols, Ph.D.

**Tablet**
Jeff Matranga, Ph.D., ABPP

**Task Force to Develop Strategic Plan for Division 55**
Elaine LeVine, Ph.D.
Ron Fox, Ph.D, Co-chairs

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Winston-Salem, NC 27103