Although psychiatric research has mostly focused on relapses into full (“syndromal”) mood episodes, there has been increasing attention over the last few years on “subsyndromal” mood states. Subsyndromal hypomanias or depressions consist of a cluster of mood symptoms that are not severe enough or long lasting enough to be formally defined as full episodes. Research by Dr. Michael Gitlin and colleagues has revealed three important facts about subsyndromal mood states:

1) They are common in patients with mood disorders. In some studies, those with mood disorders spend more time in subsyndromal states than in formal episodes.

2) Subsyndromal depres-
The MSST Foundation (under the direction of Nancy Furlotti) gave a $500,000 award to the Mood Disorders Research Program (directed by Dr. Lori Altschuler) and the Child Psychiatry Division (directed by Dr. James McGough), to study:

1) the neural correlates of Attention Deficit Hyperactivity Disorder (ADHD) and bipolar disorder and;

2) early symptom recognition of bipolar disorder vs ADHD.

Attention problems are very common in persons with bipolar disorder and the overlap of symptoms for mania and ADHD (for example, excessive talkativeness, or easy distractibility) can make it difficult to arrive at the correct diagnosis. This differentiation can be particularly difficult in children, but the correct diagnosis is important as the two disorders are treated in different ways.

Over the next 5 years, the MDRP will use imaging techniques (fMRI, MRI) to explore overlapping and distinguishing brain activation patterns in person with bipolar disorder, ADHD or both.

Additionally, we will survey all three groups regarding their early symptoms and attempt to find a constellation of early life symptoms unique to childhood bipolar disorder versus ADHD.

This could lead to the prospect of correct early detection and treatment of these disorders.

Bipolar Disorder

1) Only 2 drugs are FDA approved for bipolar depression:
   - Symbyax (olanzapine-fluoxetine combination)
   - Seroquel (quetiapine)

2) Four drugs are FDA approved for bipolar maintenance treatment
   - Lithium
   - Lamictal (lamotrigine)
   - Zyprexa (olanzapine)
   - Abilify (aripiprazole)

Major Depressive Disorder: New Medications

1) Emsam (selegiline), a MAOI inhibitor in patch form is now FDA approved for unipolar depression.

2) Abilify (aripiprazole) is now FDA approved as adjunct (add-on) medication for treatment-resistant depression.

Aggressive treatment — by any modality, not just medications — should be considered for these subsyndromal depressions when they arise and are recognized.

If treatment is successful, it can improve the lives of people who live with recurrent or chronic mood disorders.

These findings only apply to persons who have been diagnosed with a mood disorder in the past.

These factors have not been studied in those without such a diagnosis.
A MESSAGE FROM MDRP DIRECTOR DR. LORI ALTSHULER

Much of what we do is made possible by your support, and I thank you for it! Your generous gifts have provided us with the opportunity to explore new ideas. Pilot studies allow us to be more competitive for federal funding, which is increasingly harder to secure.

The Mood Disorders Research Program focuses primarily on the causes and treatment of bipolar disorder and major depressive disorder. The Program also studies depression in life phases specific to women.

To better understand the underlying causes of mood disorders, we use neuroimaging techniques to obtain structural and functional magnetic resonance images of the brain during mania, depression and euthymia (stable mood).

To optimize treatments for individuals with mood disorders, the Program conducts studies to 1) identify safer and more effective treatments for the manic and depressed phases of bipolar illness, 2) explore strategies to speed the antidepressant response in bipolar and unipolar depression, and 3) explore demographic, neurocognitive and symptom-based predictors of treatment response.

Examples of current projects include: 1) a novel analysis of fMRI and structural brain images using computational anatomy techniques; and 2) a double-blind, randomized trial of lithium vs. sertraline vs. the combination for the treatment of bipolar II depression.

The Women’s Research Program is an adjunct to the Mood Disorders Research Program that has attracted national attention with its focus on depression during phases of life specific to women.

This part of the program is devoted to understanding the optimal ways to treat women who suffer from depression during pregnancy, postpartum, peri-menopause and menopause.

Examples of current projects include: 1) a longitudinal study of pregnant women with a history of major depressive disorder to assess predictors of postpartum depression; and 2) the behavioral outcome of infants exposed to antidepressants in utero.

ABOUT THE DIRECTOR

Dr. Lori Altshuler is a Professor-in-Residence in the UCLA Department of Psychiatry and Biobehavioral Sciences and holds the Julia S. Gouw Chair in Mood Disorders.

Dr. Altshuler received her bachelor and M.D. degrees from Cornell University and obtained her psychiatry residency at the UCLA Neuropsychiatric Institute and Hospital and the Brentwood VA Medical Center. She completed a two-year fellowship at the Biological Psychiatry Branch of the National Institute of Mental Health.

In 1989 she joined UCLA and in her first year on faculty received the UCLA Neuropsychiatric Hospital Junior Faculty Distinguished Teaching Award.

Dr. Altshuler has continued as an active teacher and mentor, and has been the recipient of numerous awards, including the UCLA Department of Psychiatry Outstanding Research Mentor Award, in 1994 and again in 2004.

Her VA Bipolar Disorders Clinic was designated a Center of Excellence in 1996 for outstanding care.

She was elected by her peers for inclusion in Best Doctors in America® multiple years including 2007 and 2008.

She received the Gerald L. Klerman Distinguished Investigator Award from the Depression and Bipolar Support Alliance (2005), the National Nola Maddox Falcone Prize from NARSAD for Outstanding Achievement in Affective Disorders Research (2006) and the Outstanding Achievement award from the Southern California Psychiatric Society (2008).

DONOR SPOTLIGHT!

• Thank you to Lucia Kagan who established a charitable gift annuity with The UCLA Foundation, which will benefit the UCLA MDRP.

• Welcome to new board member Renee Fraser Ph.D.
Kim Kowsky, a writer with both a B.A. and an M.F.A. from UCLA, became an advocate for the Mood Disorders Research Program in 2004, shortly after her brother, Sean Kowsky, died of an accidental drug overdose.

Sean suffered from bipolar disorder and drug addictions, a common “dual diagnosis” that severely complicates treatment options.

Wanting to support research into the complex relationship between mood disorders and drug abuse, Kim and her husband, Sheldon Cohn, founded the Sean Kowsky Memorial Fund.

The fund, which raised $25,000, was earmarked to broaden the scope of an internet survey spearheaded by Dr. Mark Frye that explored the relationship between bipolar disorder, alcohol and drug addiction. Kim and Sean’s girlfriend, Kara Lichtman, who recently completed medical school and is doing post-doctorate work in psychiatry at Harvard Medical School, helped rewrite the alcohol survey with Drs. Altshuler and Frye to include questions about both and drug abuse.

The anonymous survey was conducted through the internet involving 366 persons with bipolar disorder. It explored in great detail recreational drug and alcohol use by persons with bipolar disorder and the mood state in which these substances were primarily abused.

The data have revealed that hazardous alcohol use was much more likely to occur during depression, and men were more likely than women to engage in this behavior. Analyses of other drugs are underway.

In 2005, Kim joined the MDRP Executive Advisory Board, which provides the Research program with unrestricted funds. Kim also edits Mood News.

A Los Angeles native, Kim attended UCLA as an undergraduate, earning a B.A. in history with College and Departmental honors in 1986.

She began a career in journalism at the now-defunct Los Angeles Herald-Examiner before moving to the Los Angeles Times in 1989, where she covered suburban education and environmental issues.

In 1995, after the birth of her second child, she left the news business to enter UCLA’s highly competitive graduate program in film and television, where she earned an M.F.A. in screenwriting in 2000.

In addition to screenplays, Kim also writes short stories and poetry.

Sheldon, who also earned two degrees from UCLA — a B.A. in English and an M.B.A. — runs Budget Finance Company, a mortgage-based lender in West Los Angeles. Sheldon and Kim are both members of the UCLA Alumni Association and the Chancellor’s Associates. They and their children, Michael, 14, and Sarah, 12, attend Bruinwoods Family Camp every summer.
Mood disorders occur more frequently in women than in men, with symptoms often beginning during the childbearing years.

Symptoms of depression are not uncommon during pregnancy and can be associated with low weight gain, poor prenatal care, increased use of alcohol or cigarettes, and ambivalence about the pregnancy.

For women who have a history of major depression and choose to discontinue antidepressants around conception, the rate of relapse for depression is high. As a result, an increasing number of women are being treated with antidepressants during pregnancy.

2) a history of major depression who chose not to be treated with medications during pregnancy;
3) women without any psychiatric history.

Infants of women who were treated with antidepressants had a higher rate of premature birth. In this study, the effects on earlier birth were not influenced by symptoms of depression. Birth weight and Apgar scores were not different among the groups.

These results suggest that antidepressant treatment during pregnancy may influence the timing of delivery and may increase the risk for premature birth. This finding may be especially important for women with other risk factors for prematurity.

The implications of these findings must be weighed against the known high risk of depressive relapse during pregnancy for women who discontinue antidepressants and the clear protective effect against depression by staying on antidepressant medication. Any decision regarding the treatment of depression during pregnancy must be carefully made, individually weighing the risks and benefits of treatment versus lack of treatment for mother and baby.

MOOD NEWS

DEPRESSION AND PREGNANCY:
ANTIDEPRESSANTS IMPACT DELIVERY TIMES

This study adds to a small but growing literature that suggests medication (in this case lithium) may alter brain structure and have neuroprotective effects.

The results provide us with clues as to how lithium might work to stabilize mood.

Lara Foland is currently working with Dr. Altshuler to understand the neural circuits that are disturbed during mania and depression using functional neuroimaging techniques.
Founded in 1995, the UCLA Mood Disorders Research Program at The David Geffen School of Medicine is a non-profit program dedicated to research. Working in tandem with the Department of Psychiatry’s renowned Mood Disorders Clinic and Women’s Life Center, our researchers often work with patients in the clinics as well as in the community. Although we receive federal grant funding, private contributions are essential to our program’s health and growth in new directions. We thank our donors for their generous support. Individuals interested in making a donation to support the program are asked to make the check payable to The UCLA Foundation, designate the gift to MDRP in the memo line, and send it to:

UCLA Mood Disorders Research Program
300 UCLA Medical Plaza, Suite 1544
Box 957057
Los Angeles, California 90095-7057

Individuals interested in making a planned or major gift should contact Alan Han, Senior Associate Director of Development for Neuroscience at (310) 825-1546 or by email: ahan@ support.ucla.edu.