



Scoop

Oct. 1, 2004

THE UNIVERSITY OF TEXAS MEDICAL SCHOOL AT HOUSTON

Events to Know

October

- 1 **Scholarship Bake Sale & Voter Registration**, 10 a.m., Leather Lounge. Sponsored by the ERC.
- 4 **Dean's Town Hall Meeting**, noon - 1 p.m., MSB 3.001. Anonymous questions may be sent to <Alexis.L.Basha@uth.tmc.edu>.
- 6 **Faculty Honors Convocation**, 4-6 p.m., TMC Edwin Hornberger Conference Center.

UTMost Interest

Dr. Carlos Moreno, Department of Family and Community Medicine, and his wife, **Rosanna Gomez Moreno**, were recently recognized by METRO for outstanding contributions to the community at a 2004 Hispanic Heritage Month Luncheon.

UCSC TO SPONSOR SILENT AUCTION AT FUN FEST OCT. 8

Attention faculty, staff, and administration. Donations requested. If you have an item to donate, a gift certificate to your favorite restaurant, or a monetary donation, consider donating to the University Classified Staff Council Silent Auction. Over the last years, the UCSC has been able to award up to seven scholarships through this program, as funding has allowed. The auction, which raises scholarship funds to be awarded to children of classified employees, will be held at the Fun Fest on Oct. 8. For questions or to submit information about your donation, call 713-500-9124.

DMO ANNOUNCEMENTS

Effective **Oct. 1**, **Alex Kadrie** will become the DMO for Orthopaedic Surgery. Kadrie will also continue in his role as DMO in Pathology and Laboratory Medicine.

Ken Neill, who has been DMO of Orthopaedic Surgery since 1998, will remain DMO for Otolaryngology and Emergency Medicine - responsibilities he took on in May, 2000.

HARPER ASSUMES HCPC MEDICAL DIRECTOR ROLE OCT. 1

Dr. Andrew Harper, a 1984 graduate of the Medical School, will replace **Dr. Roy Varner**, as The University of Texas Harris County Psychiatric Center Medical Director, effective **Oct. 1**. Varner retired in August, after 16 years with HCPC.



Dr. Andrew Harper

Harper also is associate professor, Psychiatry and Behavioral Sciences, and assistant dean, Educational Programs. He brings expertise in adult, child, and adolescent psychiatry to his new position. As director of Child and Adolescent Services at HCPC since 1993, he was responsible for helping to develop programs for children and adolescents suffering from all forms of mental illness. During his tenure, he also was responsible for oversight of the HCPC Sub-Acute Program, which treats children under the jurisdiction of the Harris County Juvenile Probation Department. Harper is a forward-thinker, say his colleagues, working to implement HCPC's tele-education and tele-consultation program with more than 20 area school districts. For his efforts, the program was the recipient of grant funds from the state, as well as from the U.S. Department of Commerce.

"Dr. Harper was selected because of his unique blend of experience in academics, health care provision, and administration," said **Dr. Robert Guynn**, HCPC executive director and chair, Department of Psychiatry and Behavioral Sciences.

"My most immediate concern will be to keep funding from further erosion. I'll be hopping on a plane to Austin the first day on the job, Oct. 1, to attend a budgetary meeting of the state legislative committee," Harper said. "The hospital took a very significant cut in the past legislative session."

Harper indicated that it's hard to stay competitive in nursing salaries and physician recruitments, with budget cutbacks. In addition, the Houston metropolitan area — with one of the highest uninsured rates in the country — nationally ranks near the bottom for mental health services to the public.

Harper stated that his long term goals include: to continue providing outstanding patient care; to make sure that HCPC physicians receive the support they need as clinicians, clinician educators, and clinician researchers; to continue to nurture rotating medical students and residents who train at HCPC; and, to educate the Houston community at large on the unique and important role HCPC plays in quality of life issues for all.

"The bottom line is that I would like to see the hospital continue to grow and expand rather than contract. I would like to see us have a higher name recognition in the community. Over 5,000 patients came through HCPC this last fiscal year. But we need to overcome the huge financial constraints. And there's still some stigma to mental health provisions and mental health services. Education and community outreach can change that. HCPC has been in existence since 1982. I think we've been a good neighbor and we will continue to provide critical services to Houston and Harris County," he said.

- C. O'Brien



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A part of The University of Texas
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Faculty Profile

CLINICIAN STUDIES

POSTPARTUM DEPRESSION

"I'm interested in postpartum depression because frankly, I don't think we hear enough about it until something bad happens, like the Andrea Yates case for example," said **Dr. Carman Hall Whiting**, an assistant profes-

sor and a clinical physician in the Department of Family and Community Medicine, who finished her residency at the Medical School in 2002 and is in a joint primary care two-year fellowship program.

Dr. Whiting is working on a systematic review, "Is Screening for Postpartum Depression Beneficial in an Urban Underserved Clinic Population?" that is supported by a Health Resources & Services Administration (HRSA) Bureau of Health Professions grant. Her advisors are **Drs. Linda Nieman, Janet Groff, and Virginia Moyer**. She also is working on a master's degree in clinical research, under **Drs. Kathleen Kennedy and Jon Tyson** and expects to graduate in June.

"The only thing we do know is that 50 percent of women never get diagnosed for postpartum depression, and if a woman has a history of long term depression, each time she becomes pregnant, her chances of getting depressed increase 30 percent," she said.

Whiting became interested in the subject when she was a third-year resident. She was pregnant with her daughter, and after delivering, heard the story of Andrea Yates. "I thought, 'how could anyone do that?' So I decided to do a general review of postpartum depression – what is it? How is it treated? How do we as physicians diagnose it?"

Postpartum depression, said Whiting, is really just depression that occurs after the birth of a baby; however, the disorder does have its own distinctive properties. For example, moms who are depressed after childbirth may exhibit more signs of anxiety and increased irritability. Usually it starts about six weeks after delivery and may persist up to one year after childbirth. Lots of women suffer from "postpartum blues," which is about one or two weeks after giving birth. This mood generally lifts after about two weeks. The danger is if the mood persists beyond two to three weeks, the diagnosis may be depression. "It's more of a depressive illness, rather than just a transient blues. And so, ideally, a screening should be done 3-6 weeks after you deliver a baby," Whiting said.

Whiting sees patients at the Aldine Community Health Center, which has an underserved population of primarily Hispanic and African American families. She would like to initiate a project measuring two different screening instruments for postpartum depression and determine which one of them works best for this population. "I would like to find answers for how I can, as a physician, facilitate the screening, diagnosis, and treatment, of postpartum depression and make screening practical in the day-to-day practice of medicine."

Whiting believes that there is much work left to be done in this area. "We may need to screen antepartum — before these women deliver — as some studies have suggested," she said. Also, Whiting added, clinicians may need to find out what other risk factors contribute to the development of this disorder. Some risk factors that are already known are: a previous episode of major depression, not enough support at home, and economic status, or educational level. All of these factors may play a part in who develops postpartum depression, Whiting noted.

"I think more women would be willing to talk about postpartum depression, to overcome the stigma, if physicians were willing to ask the question," she said.



Dr. Carman Hall Whiting

HARRIS COUNTY MEDICAL SOCIETY MINI-INTERNSHIP PROGRAM OCT. 27-28

Dr. John Potts, professor, Department of Surgery, and chair, HCMS Mini-Internship Program Committee, invites faculty participation in a two-day internship between community leaders and physicians. A wrap-up session over dinner will conclude the program.

Said Potts, "I have participated in the program for the past several years. This is a wonderful opportunity to educate the interns on the challenges of practicing medicine today and particularly, the challenges of academic medicine."

Participant "interns" signed up for the program to date include: Leah Rummel, executive director, Texas Association of Health Plans; Pati McCandless, legislative affairs director and special counsel for Unicare; Anne Culver, senior vice president, gov't. relations for Greater Houston Partnership; and Elaine Barber, senior vice president, regional issues, including Health Care Task Force, Greater Houston Partnership.

Those faculty who are members of the Harris County Medical Society and who are interested in volunteering for a half-day slot, either 9 a.m.-12 p.m. or 1 p.m.-5 p.m., on either of the two days, should contact **Jennifer Snyder**, 713-524-4267.



Dr. John Potts

AAMC PARTNERS WITH HEAL

The Health Education Assets Library (HEAL) has partnered with the Association of American Medical Colleges (AAMC) to provide educators with a freely accessible repository of teaching tools, including more than 36,000 images, videos, and animations. Also, the AAMC has partnered with the Shapiro Institute at Harvard Medical School and Beth Israel Deaconess Medical Center and will create an inventory of existing virtual patient cases developed by U.S. and Canadian medical schools. For information, go to: <<http://www.healcentral.org/aamc>>.

(Source: AAMCSTAT, 9/27/04)

OCT. 7 IS NATIONAL DEPRESSION SCREENING DAY

Clinical depression is a serious illness that affects almost 20 million Americans each year. Only one-third of sufferers seek treatment even though the illness can be effectively treated in 80 percent of all cases. Although depression is a real medical illness, many people still mistakenly believe it is a personal weakness. The first step in getting better is to be properly screened by a mental health professional.

If you have been experiencing five or more of the below noted symptoms, for more than two weeks, or if the symptoms are severe enough to interfere with a daily routine, call the Employee Assistance Program (EAP) at 713-500-3327 to schedule an appointment with a licensed mental health professional:

- ◆ Persistent sad, anxious or "empty" mood
- ◆ Sleeping too much or too little
- ◆ Reduced appetite and weight loss, or increased appetite and weight gain
- ◆ Loss of pleasure and interest in activities once enjoyed
- ◆ Irritability or restlessness
- ◆ Difficulty concentrating, remembering, or making decisions
- ◆ Fatigue or loss of energy
- ◆ Feeling guilty, hopeless, or worthless

(Source: <http://www.depression-screening.org/>)