Abstract Booklet

2nd Annual
Department of Psychiatry & Behavioral Sciences
RESEARCH SHOWCASE
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UNM

SCHOOL
OF MEDICINE
DEPARTMENT OF PSYCHIATRY
& BEHAVIORAL SCIENCES

This booklet contains all of the abstracts which were presented at
The University of New Mexico School of Medicine
2022 Department of Psychiatry and Behavioral Sciences Research Showcase.

AWARD RESULTS

Congratulations to this year's winners.

POSTERS WITH DATA

1st Place: Hugo Gomez Rueda

"Differential Gene Expression of the Nucleus Accumbens of Subjects
with Heroin Use Disorder and Healthy Controls"

2nd Place: Erinn Cameron

"Stigma, Female Identity, and Cannabis Use for Women with Chronic Pain"

3rd Place: Abigail Thompson

"Project AWARE First Year Insights:
Grant Narrative, Referral and Access, and Looking to the Future"

POSTERS WITHOUT DATA

1st Place: Anmol Arora

"Barriers in augmentation of antipsychotics with complementary treatments
in psychotic illnesses"

2nd Place: Hilary Kleinman

"Therapy and IM Ketamine for Treatment Resistant Depression"

3rd Place: Molly Whitt

"Effect of COVID-19 on Hospitalization Patterns Preceding Death
by Drug Overdose in NM, 2019-2020"

THANK YOU TO OUR JUDGES

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Department of Sociology, UNM College of Arts & Sciences

Bill Shuttleworth, PhD
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ABSTRACTS
in alphabetical order, by presenter

1. Medication treatments for Alzheimer's: Expectations vs Reality

2. Barriers in Augmentation of Antipsychotics with Complementary Treatments in Psychotic Illnesses

3. Stigma, Female Identity, and Cannabis Use for Women with Chronic Pain

4. Center for Brain Recovery and Repair: Clinical Core

5. Trauma Exposure and Disclosure in Hispanics at Clinical High Risk for Psychosis: A Retrospective Review Study

6. Can Ambient Noise Affect Outcomes of Ketamine Infusion for Acute Suicidality?

7. PTSD Symptom Severity and Overall Quality of Life/General Health Pre-and During COVID-19 Among Adults Experiencing Homelessness

8. Differential Gene Expression of the Nucleus Accumbens of Subjects with Heroin Use Disorder and Healthy Controls

9. Home Clozapine-Neutrophil Monitoring?

10. Therapy and IM Ketamine for Treatment Resistant Depression

11. Polysubstance use Latent Profiles from an Opioid Overdose Recovery Program in New Jersey

12. CIT ECHO: A Unique Opportunity for Partnership between Psychiatrists and Law Enforcement Officers

13. Should PES give it a shot? Could the benefits of administering a long-acting injectable in an emergency department setting to patients with primary psychotic disorders experiencing homelessness outweigh the risks?

14. Health Equity Through Time

15. Screening for Early Psychosis in a College Counseling Center: Process Outcomes and Implementation Challenges

16. Project AWARE First Year Insights: Grant Narrative, Referral and Access, and Looking to the Future

17. Decreasing suicide risk in patients with anxiety

18. Effect of COVID-19 on Hospitalization Patterns Preceding Death by Drug Overdose in NM, 2019-2020

19. Accelerated fMRI-Guided Theta Burst Stimulation for Late-Life Depression

Title: Medication treatments for Alzheimer's: Expectations vs Reality
Presenter: Timothy Abeyta, MD
Type of Poster: Research Proposal

Abstract:

Significance/Innovation/Background:

Alzheimer's is a devastating disease, for both patients and caregivers, with no known reversible treatment, with symptoms of memory loss, personality change, and in the later stages, difficulties taking care of oneself and losing independence. The medications that we currently prescribe for Alzheimer's have been shown not to improve quality of life. Conversations surrounding Alzheimer's and its treatment have been shown to not be satisfactory for patients and families. This would be the first study of its kind in North America to examine these conversations.

Research Questions/Hypothesis & Specific Aims:

This research proposal will be a qualitative project looking at the discussions between providers and caregivers and seeing how well information is received.

My aim is to examine caregivers of patients of Alzheimer's expectations of effectiveness of medication after meeting with a provider.

My hypothesis is caregivers' perceived information will overestimate the effectiveness of Alzheimer's medication as compared to the research.

Methods/Approach:

This study will use a qualitative study design with an recorded interview approach. The goal is to examine the interpretation of caregivers of patients with Alzheimer's regarding their expectations of how medications for Alzheimer's will be effective in their loved ones utilizing open ended questions. Patients will be recruited from the Senior's clinic at UNM MHC (Mental Health Center). The goal of the study will be to recruit 15 caregivers of patients with Alzheimer's.

Future Directions:

Future directions may include interviewing providers about their expectations of the medications for Alzheimer's and what kind of language they use when presenting these medications.

Keywords

Alzheimer's; Pharmacotherapy; Caregivers

Title: Barriers in Augmentation of Antipsychotics with Complementary Treatments in Psychotic Illnesses
Presenter: Anmol Arora, MD
Type of poster: Research Proposal

Abstract

Significance/Innovation:

Psychotic disorders are debilitating and neuroleptics are used to treat the symptoms, but associated side effects (suspected due to free radicals) and oxidative damage independent of antipsychotics continues to cause aversion for treatment. Preliminary data from RCTs suggests improvement in global functioning/cognitive performance with antioxidant supplementation (Ginkgo biloba). Augmentation of Vitamin C is suspected to alleviate psychotic symptoms and prevent medication adverse effects. Yet, dietary supplements are not readily used and it is unclear why this is not routine clinical practice in management of psychosis

Research Questions/Hypothesis & Specific Aims:

Examine attitudes about and barriers to augmenting conventional pharmacological treatment with natural agents in outpatient management of psychosis

Hypothesis: Providers will report negative attitudes about and identify lack of FDA approval as a primary barrier hindering active use of dietary supplements for treatment of psychosis

Methods/Approach:

A qualitative interview approach will be used to examine perspectives about barriers and attitudes faced by providers causing hesitance to augment antipsychotics with complementary treatments. Equal representation of providers treating primary psychosis within UNM outpatient Psychiatric Clinics will be interviewed/recorded for 30-minuteser. Respondent data will be coded for thematic categorization and visually represented for comparison using a qualitative software and assistance from a UNM CTSC expert

Future Directions:

Data will be presented at 2023 Research Symposium and submitted for a quality improvement project. Qualitative findings with the small sample will help refine the study for use with larger groups. Further, opportunities to enhance provider knowledge/improve competency for supplement use may be pursued, which may ultimately advance patient outcomes (improve symptoms/reduce medication-adverse effects)

Title: Stigma, Female Identity, and Cannabis Use for Women with Chronic Pain
Presenter: Erinn C. Cameron
Co-presenters/Co-authors: Kristine M. Jacquin
Type of poster: Research project presenting data

Abstract

Significance/Innovation/Background:

Chronic pain is the most common reason for medical cannabis use in the US. Women often encounter bias when seeking treatment for chronic pain, and individuals with chronic pain note that stigma contributes to estrangement from health care providers and social relationships. Women who use cannabis for chronic pain can experience many co-occurring and intersecting forms of stigma. Stigma and a desire to adhere to traditional gender roles may influence women's behaviors regarding cannabis use, and women may face societal challenges in adopting cannabis as an acceptable treatment method for chronic pain.

Research Question(s)/ Hypothesis & Specific Aims:

The present study investigated relationships between internalized chronic pain stigma, cannabis use stigma, level of in-group self-investment with female identity, and quantity and frequency of cannabis use for women with chronic pain. Women who use cannabis for chronic pain were compared to those who do not.

Methods:

Qualtrics and Prolific were utilized for recruitment and surveys. R was used for statistical analyses. Participants (N = 278) were adult women (18+) in the US with chronic pain.

Results:

Women who use cannabis for chronic pain reported lower internalized chronic pain stigma, higher cannabis use stigma, and lower in-group self-investment with female identity. Internalized chronic pain stigma was associated with increased frequency and quantity of medical cannabis use. Cannabis use stigma was associated with decreased frequency and quantity of recreational cannabis use.

Future Directions:

Results inform the development of strategies to reduce stigma and gendered expectations associated with cannabis use for chronic pain management and address barriers faced by women for whom medical cannabis may be the best therapeutic choice.

Keywords
Women, Chronic Pain, Cannabis Use

Title: Center for Brain Recovery and Repair: Clinical Core
Presenter: Jude Chavez
Co-presenters/Co-authors: J. Kevin Wilson, MS, Karen Luo, BS, Adam Littleton, BS, Ethan Campbell, MS, John Romero, BS, Marcus Sterling, BS, Darbi Gill, MS, Janet Adams, MS, CF-SLP, Trevor Jackson, MS, William Shuttleworth, PhD, Michel Torbey, MD, Davin Quinn, MD, Jessica D. Richardson, PhD, CCC-SLP, Jeremy Hogeveen, PhD, Andrew Carlson, MD, Richard A. Campbell, PhD
Type of poster: Research project presenting data

Abstract

Significance/Background:

Survivors of neurological conditions endure a spectrum of life-long disabilities and are associated with enormous individual and societal costs. There is an urgent need for effective interventions that improve cognitive and motor outcomes, especially individualized approaches that target specific disruptions of brain networks.

Approach/Innovation:

The Center for Brain Recovery and Repair (CBRR) is a Center of Biomedical Research Excellence (NIH/NIGMS P20 GM109089; PI: Shuttleworth) established as an interdisciplinary community of clinical and preclinical investigators to address these issues. The Clinical Core is an ideally-situated brain injury research hub that provides state-of-the-science neuropsychological, electrophysiological and neuroimaging instrumentation to measure brain injury function, novel neurostimulation technologies, expert guidance in research design and methods, support for patient recruitment, data collection and management, and assistance with regulatory compliance using Good Clinical Practices.

Results:

Collectively, this platform has unleashed the brain injury research potential at UNM to improve the outcomes of individuals with brain injuries. The Clinical Core has succeeded in propelling our young, promising investigators to independent research funding status and is now established as a national leader in research applying innovative neuromodulation approaches to therapeutically target and alter specific neural circuitries in individuals with neurological conditions.

Future Directions:

Now in Phase 2, the CBRR's vision and goals continue to provide a collaborative and innovative research hub, intensive mentoring and cutting-edge resources in order to support interdisciplinary research programs and develop creative and innovative state-wide systems of care that ultimately benefit the large number of New Mexicans and their families living with the consequences of debilitating brain injuries.

Keywords

Brain injury, Clinical neuroscience, Intervention

Title: Trauma Exposure and Disclosure in Hispanics at Clinical High Risk for Psychosis: A Retrospective Review Study

Presenter: Annette Crisanti, PhD

Co-presenters/Co-authors: Samuel Barans, Bess Friedman, David Lardier, Justine L Saavedra, Juan R Bustillo, Dawn Halperin, Rhoshel K Lenroot, Mauricio Tohen, Sarah Winger, Annette S. Crisanti

Type of poster: Research project presenting data

Abstract

Background

While the relationship between Clinical High-Risk (CHR) for Psychosis and history of trauma is well documented, research has yet to investigate rates of reporting of exposure to trauma by ethnicity. Furthermore, studies of CHR populations primarily rely upon self-report measures for identifying trauma. However, concern exists that CHR patients underreport trauma due to a lack of trust with clinicians or researchers.

Research Question

The first objective was to compare the prevalence of trauma across self and clinician-reports. The second was to determine the extent to which self-reported rates of trauma differed by ethnicity.

Approach

This study collected data on self and clinician reports of trauma in a sample of CHR patients (N = 52). Clinician-reports of trauma were identified through a structured chart review of clinical notes. Self-report of trauma was collected at the initiation of coordinated specialty care.

Results

Findings indicate limited self-report of trauma at the beginning of treatment (56%) relative to clinician-reports of trauma throughout treatment (85%). Hispanic patients (35%) self-reported trauma less frequently than non-Hispanics (69%) (p = 0.02) despite no differences found in exposure to trauma by ethnicity via chart review.

Future Directions

While the small sample size made a comprehensive chart review of patient trauma history feasible, the limited data resulted in only being able to examine association between variables. Future research is recommended with a larger sample size. Findings suggest the need for more formalized, repeated, and culturally appropriate assessments of trauma within coordinated specialty care.

Keywords

Early Psychosis, Trauma, Coordinated Specialty Care

Title: Can Ambient Noise Affect Outcomes of Ketamine Infusion for Acute Suicidality?
Presenter: Jay Davidson, MD
Type of poster: Research Proposal

Abstract

Significance/Innovation/Background:

A study looking at administration of ketamine infusion in the emergency department setting is in the process of IRB approval at the University of New Mexico. Of particular interest is the role of the ambient environment during the ketamine infusion. Increased noise levels increase stress responses with increased heart rate and blood pressure. This trial will look at noise levels and its effects on patient's outcomes of ketamine infusion for acute suicidality.

Research Question(s)/ Hypothesis & Specific Aims:

Specific Aim: Assess the relationship between noise level and reduction in Montgomery–Åsberg Depression Rating Scale (MADRS) scores among patients receiving ketamine.

Hypothesis: Patients in a quieter environment receiving ketamine infusion will have a statistically significant reduction in MADRS scores compared to those in a noisier environment receiving ketamine infusion.

Methods/Approach:

Prospective Cohort Study: Patients who receive ketamine (not placebo) will be observed during their infusion. During the ketamine infusion, measurement of average sound level, the type of sound, and patient's perceived experience of noise will be assessed. The MADRS scale will be administered at different intervals. We will look at objective average noise levels and the patient's experience of noise plotted against change in MADRS over time.

Future Directions:

This could mark a path for further studies into the effects of noise on ketamine infusions or trials that deliberately cultivate a comfortable sound environment for patients receiving ketamine. Further, studies could look at tailored sound experiences, for example music for individuals in these settings not only in further investigational studies, but also for improved clinical outcomes.

Keywords

Ketamine, Suicidality, Environment

Title: PTSD Symptom Severity and Overall Quality of Life/General Health Pre-and During COVID-19 Among Adults Experiencing Homelessness

Presenter: Anastacia De W Romero
Co-presenters/Co-authors: Annette S. Crisanti, PhD, Leah Puglisi, Tyler Kincaid, PhD, Xiaoya Wu, Neal Bowen, PhD, and Deborah Altschul, PhD
Type of poster: Research project presenting data

Abstract

Background:

COVID-19 had a significant impact on people who didn't have a home and relied on shelters or public spaces for safety, hygiene, and basic needs. Individuals experiencing homelessness (IEH) have reported greater difficulty accessing necessary services, including shelters, case management and other mental health services due to the pandemic. Because of two studies using the same methodology – one conducted prior to COVID-19, and one conducted during COVID-19 – the authors were in a unique position to examine mental health and other changes in this population.

Research Question:

What was the impact of the COVID-19 pandemic on Post-Traumatic Stress Disorder (PTSD) symptom severity and overall quality of life (QOL)/general health among adults who were seeking housing assistance?

Methods:

We examined differences in PTSD symptom severity and QOL/general health among adults who were seeking housing assistance pre-COVID-19 (n = 298) compared to during COVID-19 (n =126), while controlling for covariates that may impact these variables.

Results:

There was a significant difference in the overall QOL/general health score between the pre- and during COVID-19 cohorts. While PTSD symptom severity was higher for the during COVID-19 cohort compared to the pre-COVID-19 cohort, no significant differences were observed. PTSD scores were in the moderately severe range for both cohorts.

Future Directions:

These results suggest that there was unmet need for health services among those seeking housing support during the COVID-19 pandemic. Future research is needed to fully understand the impact of COVID-19 on IEH, and policy measures are needed to address high rates of PTSD through supportive housing.

Keywords

COVID-19, PTSD, Homelessness

Title: Differential Gene Expression of the Nucleus Accumbens of Subjects with Heroin Use Disorder and Healthy Controls

Presenter: Hugo Gomez Rueda, MD

Type of poster: Research project presenting data

Abstract

Significance/Innovation/Background:

Identification of a gene expression marker that distinguishes between subjects with Heroin use disorder and Healthy controls. This marker could help with clinical decisions including and not limited to appropriate discontinuation of treatment, genetic predisposition, relapse, or response to treatment.

Research Question(s)/ Hypothesis & Specific Aims:

Question: Is there a multivariate gene expression marker that classify subjects with Heroin use disorder and Healthy controls?

Hypothesis: There is a multivariate gene expression marker that distinguish subjects with Heroin use disorder and Healthy controls.

Specific Aim: In silico identification of a multivariate gene expression marker that classify subjects with Heroin use disorder and Healthy controls.

Methods/Approach:

The public datasets GSE87823 (microarrays) and GSE174409 (RNASeq) were downloaded from NCBI Geo Datasets. These datasets contained gene expression data from post mortem Heroin use disorder subjects and Healthy controls. Using R software GALGO (Genetic ALGOrithm) to classify between these 2 classes, the dataset GSE87823 was used to identify the gene expression marker, and GSE174409 was used for external validation. The accuracy was calculated with the selected genes.

Results:

The identified marker was comprised by the genes MAP4, RAB32, SQRDL, CYLD, HLA-E, ATG101, POLR2E, NAV3, TMEM204, CHD9, PEX16, NTRK3. The accuracy of the marker in the dataset GSE87823 was 0.92 and in the dataset GSE174409 was 0.59.

Future Directions:

Measuring the gene expression of these genes through RT-PCR in these 2 groups, and find a possible clinical correlation with appropriate discontinuation of treatment, genetic predisposition, relapse, or response to treatment.

Keywords

Heroin, Molecular, Classification

Title: Home Clozapine-Neutrophil Monitoring?
Presenter: Sulaiman Iqbal, MD
Type of poster: Research Proposal

Abstract

Significance:

Clozapine is the most effective pharmacotherapy for psychosis, yet remains relatively underutilized. Studies indicate that concerns about monitoring requirements, patient adherence, and safety, all contribute to provider reluctance in utilizing Clozapine.

Studies on home point of care CBC (HPC) devices have demonstrated comparable results to traditional laboratory monitoring (TLM) with respect to accuracy, and high levels of patient and provider satisfaction compared to TLM. There is however a paucity of data on how the HPC availability could affect provider comfort with prescribing Clozapine.

Gauging the attitude of providers to HPC Clozapine monitoring could be the first step in assessing the utility of such interventions in expanding Clozapine access.

Aim:

To assess provider comfort with a HPC device for Clozapine monitoring relative to TLM.

Hypothesis:

Providers will react positively to HPC relative to TLM, with respect to concerns about strenuous monitoring parameters and patient adherence, less favorably with respect to safety concerns, and positively on the question of increased likelihood of Clozapine prescribing.

Approach:

A cross-section of psychiatric prescribers will be identified and provided surveys which will gauge their comfort level with HPC in comparison with TLM for neutrophil monitoring in Clozapine patients, across a variety of literature informed factors which affect how comfortable prescribers are utilizing Clozapine.

Future Directions:

Use results of survey to inform potential RTC studies where home HPC devices can be compared against TLM, to gauge whether the former is a viable and safe method of monitoring, and ultimately expanding, Clozapine therapy.

Keywords

Clozapine, Monitoring, Home

Title: Therapy and IM Ketamine for Treatment Resistant Depression
Presenter: Hilary Kleinman MD
Type of poster: Research Proposal

Abstract

Depression affects millions of people per-year with large effects on quality of life, the healthcare system, and high socioeconomic burden. New treatments are needed, and ketamine has a favorable side-effect profile and accessibility. Studies on how to maximize benefit from ketamine including dosing schedule and combination with therapy are needed. This project would be to compare improvement in depression scales when therapy is included in ketamine treatment, in a purposed Ketamine Assisted Psychotherapy Clinic at UNMH-MHC.

Keywords

Ketamine, Depression, Treatment Resistance

Title: Polysubstance use latent profiles from an
Opioid Overdose Recovery Program in New Jersey
Presenter: David Lardier, PhD
Co-presenters/Co-authors: Kristen Gilmore-Powell, N. Andrew Peterson, Suzanne Borys
& Donald K Hallcom
Type of poster: Research project presenting data

Abstract

Background:

Polysubstance use has increased in the US. Those with dual substance use and mental health diagnoses are at high risk of polysubstance use. Limited research is known about polysubstance use among individuals who misuse opioids. Synergistic models examining polysubstance use are critical to examine to put forward effective prevention-intervention research.

Purpose and Methodology:

This study investigated patterns of polysubstance use among participants in an opioid overdose recovery program (OORP) in New Jersey (N = 1690; 70.2% male; 84.7% White; age = 35.72±11.95). Latent class analysis (LCA) identified distinct subgroups based on substance use measures. Multinomial logistic regression analyses were examined the association between prior OORP engagement, mental health diagnosis, and prior overdoses on cluster group membership.

Results:

Fit statistics for the best-fitting five-cluster model are: L2 = 33.76, BIC = 4482.69, AIC = 4245.01, the bootstrap L2 p-value =.27, and standard R2 entropy value of .85. Five cluster groups were identified. Results indicate: prior OORP service utilization (aOR = 3.02, p < 0.05) and the number of prior ODs (aOR = 2.61, p < 0.05) were associated with representation in cluster group 1: Heroin and other polysubstance use; and prior OORP service utilization was associated with inclusion in cluster group 2: Prescription use and marijuana use (aOR = 1.56, p < 0.05).

Conclusion:

Those with prior OORP engagement related to participants in subgroups with predominant heroin and polysubstance use and prescription drug use. This study contributes in understanding heterogeneity in polysubstance use. Further understanding polysubstance use heterogeneity is important as communities continue to battle this crisis.

Keywords:

Polysubstance use, Overdose opioid use, Peer recovery

Title: CIT ECHO: A Unique Opportunity for Partnership between Psychiatrists and Law Enforcement Officers
Presenter: Kimberly McManus
Co-presenter/co-author: Annette Crisanti, PhD
Type of poster: Research project presenting data

Abstract:

Significance/Innovation/Background

CIT ECHO is a partnership between the Albuquerque Police Department, the University of New Mexico, Department of Psychiatry and Behavioral Sciences, and Project ECHO. In recognition that law enforcement encounter cases involving mental illness and/or addiction, workshop attendees will explore how using the ECHO model builds effective crises intervention, shared expertise and best practices for reduction of stigma. We will present on the creation, effectiveness and results CIT ECHO has in providing shared training with law enforcement and mental health professionals.

Research Question(s)/Hypothesis & Specific Aims

The goals and intent of CIT ECHO is to train, educate and evaluate our participants to measure efficacy of our curriculum and network of resources in order to foster law enforcement's use of de-escalation skills, communication and interactions with those living with mental illness.

Methods/Approach

The ECHO model creates the opportunity to educate, train and share resources to benefit law enforcement and their communities. The use of the ECHO model provides prospect to reach rural communities within our state as well as other law enforcement agencies, first responders and mental health professionals nationwide.

Results (Only for posters containing data, not proposals)

Data presented will consist of results and feedback from the project's Post CIT Knowledge Network Session survey as well as CIT ECHO Impact on Participants survey, a survey consisting of more in-depth questions for participants who have participated in 3 or more sessions.

Future Directions

CIT ECHO continues to diversify curriculum topics and content, attract presenters of various expertise and knowledge base. Through the CIT ECHO program, law enforcement with the partnership of mental health professionals will continue the united effort toward the goal of reduction of stigma, providing expertise and sharing of resources to aid those consumers in need.

Keywords

Education, Training, Resources

Title: Should PES give it a shot?
Could the benefits of administering a long-acting injectable in an emergency department setting to patients with primary psychotic disorders experiencing homelessness outweigh the risks?
Presenter: Elise Morosin, MD
Type of poster: Research Proposal

Abstract

Significance/Innovation/Background:

Numerous studies have examined the efficacy of long-acting injectable (LAI) antipsychotics in decreasing hospitalization and emergency department (ED) presentations; however, there is limited knowledge to the safety and efficacy of administering LAIs in an emergency department setting to patients with primary psychosis experiencing homelessness. A gap in knowledge is whether the consequences of not administering a LAI in an ED setting are greater than the risks associated with administration of a LAI.

Specific Aim:

Compare number of presentations to the ED visits in patients with primary psychotic disorder experiencing homelessness between those who were initiated on a LAI antipsychotic and those who did not.

Hypothesis:

Patients initiated on a LAI will have fewer subsequent ED visits.

Methods/Approach:

Design: Retrospective Cohort Study. Data for patients with a psychotic disorder experiencing homelessness who presented UNM Psychiatric Emergency Services (PES) will be collected from their EMR, including the number of subsequent emergency department visits, hospitalizations, outpatient follow up visits, and adverse reactions to the LAI in the 30 days following discharge. Exposed group: Patients who received a LAI during inpatient stay; Non-exposed: patients who did not receive intervention and were discharged from PES. Outcome: Number of subsequent emergency presentations for psychiatric chief complaint.

Future Directions:

Future directions include: 1) extending the follow-up period to assess for longterm changes between the two groups 2) creating a protocol to safely initiate patients in PES/PUCC on PO and then LAI antipsychotic without use of hospitalization 3) comparison of oral prescription and LAI initiation in the emergency setting.

Keywords

Homelessness, psychosis, long-acting injectable antipsychotic

Title: Health Equity Through Time
Presenter: Angelica Romero, MD
Type of poster: Research Proposal

Abstract

Significance:

Several professional organizations have set forth clinical goals aimed toward providing equitable care to diverse populations including those with a primary language other than English due to worse health outcomes experienced in this patient population. Despite guidelines, literature shows that there remains an underuse of interpreter services with the primary reason cited being time. Increased time spent on overall encounter can lead to inequity in how time is used meaning that the resident physician may spend less time staffing with an attending leading to worse care delivered to the patient.

There exists a gap in knowledge regarding how time is spent during a resident encounter with a patient who has a primary language other than English and with that knowledge, the opportunity to structure appointment times more equitably.

Specific Aim:

To determine if there is a discrepancy in time for patient encounter between patients with a primary language other than English vs those for whom English is a primary language.

Hypothesis:

Appointments with patients who have a primary language other than English will require more time spent in interview and data gathering leading to less time spent with attending.

Approach:

14 residents in START clinic will be asked to fill out a survey regarding time spent in each aspect of the patient encounter: patient interview, staffing with attending, and documentation. Data will be collected from residents for an equal number of appointments with English speaking patients vs those with a primary language other than English over six months.

Keywords

Equity, Language, Psychiatry

Title: Screening for Early Psychosis in a College Counseling Center:
Process Outcomes and Implementation Challenges
Presenter: Justine Saavedra, MS
Co-presenter/co-author: Justine L. Saavedra, MS, Annette Crisanti, PhD,
David Lardier, PhD, Mauricio Tohen, MD, PhD, MBA, Rhoshel Lenroot, MD,
Juan Bustillo MD, Dawn Halperin MA, LPCC, CPRP, Bess Friedman, MSc, LMSW,
Stephanie McIver, PhD, Ruben Zurita, MA
Type of poster: Research project presenting data

Abstract

Background:

College campuses are hubs for individuals at an age of increased risk of early psychosis. This study aimed to determine the feasibility of an early detection (ED) program that would: identify college students at risk for early psychosis, and link them to appropriate coordinated specialty care (CSC). Research has shown the earlier the detection of psychosis, the better the outcomes.

Methods:

On August 1st, 2020, UNM Student Health and Counseling (SHAC) implemented the Prodromal Questionnaire Brief (PQ-B) during triage to screen for early psychosis among students seeking mental health services. Several process outcomes were tracked, including the number of: (1) PQ-B's completed, (2) students who met the cut-off score, (3) referrals to CSC, (4) students who completed a phone screen and clinical assessment, and (5) students enrolled in CSC. Demographics of those who completed the PQ-B (i.e., age, gender, ethnicity) were also collected.

Results:

Between August 1st 2020 and September 30th, 2021, 1,096 students completed the PQ-B. The majority of students were female (62%), white-non-Hispanic (43%), with an average age of 24.40±6.59 years. Of the 1,096 students screened, 334 met the cut-off of ≥20. 160 students were referred for and completed a phone screen, 71 were referred to CSC for a structured clinical assessment and 18 were enrolled. Of the 1,096 students screened for psychosis, 18 (1.6%) met criteria for enrollment in coordinated specialty care services.

Discussion:

Implementing the PQ-B at a college counseling center has identified a small number of students who meet criteria for CSC. While many of the PQ-B referrals turned out to be "false positives", the early detection program captured 18 students who may not have been identified and linked to CSC until later on. Given the benefits of identifying psychosis as early as possible, further research on the implementation of ED programs is necessary.

Keywords:

College students, Psychosis. Screening

Title: Project AWARE First Year Insights: Grant Narrative, Referral and Access, and Looking to the Future
Presenter: Abigail Thompson
Co-presenters/Co-authors: Tess Holtry, Ariel Homer, Cynthia Melugin, PhD, Tyler Kincaid, PhD, David Lardier, PhD
Type of poster: Research project presenting data

Abstract

Background:

Project AWARE is a five-year grant awarded to New Mexico's Public Education Department in partnership with New Mexico Children, Youth, and Families department to promote the healthy development of school-aged youth and prevent youth violence. Through the Kevin S. Settlement, trauma-informed systems of care and youth-focused community-based mental health (MH) services must be available to New Mexico youth.

Specific Aims:

New Mexico youth have high rates of risk for mental illness, including drug use, persistent feelings of sadness or hopelessness, and suicide, with youth suicides almost double the national average. Project AWARE embeds mental and behavioral health services within three school systems – San Juan County (Farmington), Socorro County (Socorro), and Santa Fe County (Santa Fe) – to meet the mental health needs of youth.

Results:

Referral and access data to MH services demonstrates the number of participants referred to mental health and related services and those who accessed services. In the last quarter (Q3) there was a total of 329 students engaged, 59 referred to a wide range of services, and 36 students who received MH and navigation services.

Future Directions:

Evaluation can provide important information to organizations about the impact of their services, as well as areas of potential improvement. Pending IRB approval, evaluation of the project MH services will begin through administration of the GPRA survey. We are hopeful for the future of Project AWARE and its sustainable implementation in the state of NM.

Keywords

Youth-serving, Community-based, Mental health

Title: Decreasing Suicide Risk in Patients with Anxiety
Presenter: Zach Tiger, MD
Type of poster: Research Proposal

Abstract

Significance/Innovation/Background:

Suicidal behavior is a leading cause of injury and death across the globe. A recent meta-analysis concluded that compared to those without anxiety, patients with anxiety disorder were more likely to have suicidal ideation. Growing evidence suggests that physical activity, specifically resistance training, is associated with reduced symptoms of anxiety in the general population.

Research Question(s)/ Hypothesis & Specific Aims:

The aim of this study is to further investigate the relationship between resistance training and anxiety level in patients with anxiety. Our hypothesis is that participation in resistance training specifically will correlate with more of a decrease in severity of anxiety symptoms vs other exercise methods as measured using GAD-7 scale.

Methods/Approach:

This is a prospective observational study utilizing chart review to include patients with diagnosis of anxiety and documented activity/exercise and dividing these individuals based on type of exercise utilized (resistance training vs other methods). Then to compare these two groups regarding severity of symptoms as they correlate with type of exercise over a period of time.

Future Directions:

Building on current evidence supporting the correlation between resistance training and symptom reduction will allow for more detailed random control studies investigating the underlying mechanisms specific to resistance training that contribute to decreased symptom severity. This will guide prescribers to establish specific exercise interventions for symptom improvement and an overall decrease in suicidality.

Keywords

Anxiety, Suicide, Exercise

Title: Effect of COVID-19 on Hospitalization Patterns Preceding Death by Drug Overdose in NM, 2019-2020
Presenter: Molly Whitt, MD
Type of poster: Research Proposal

Abstract

Significance/Innovation:

In 2020, in the context of the COVID-19 pandemic, the rate of overdose death skyrocketed. Previous investigation into number of hospitalizations and average length of stay (LOS) preceding death by drug overdose in New Mexico indicated around one third of decedents were admitted at least once and stayed an average of 3 days. During 2020, COVID-19 restrictions decreased access to harm reduction and prevention resources. Additionally, overburden of hospitals decreased access to inpatient care. If this resulted in fewer hospitalizations, or shorter LOS, by people who later died of overdose, it is an indication of further resource limitations on a particularly vulnerable population. With future pandemic-related lockdowns looming constantly on the horizon, it is critical to understand barriers to all levels of care for people who die of a drug overdose. Understanding the extent to which inpatient hospitalization was not accessed by patients who died of a drug overdose will contribute to ongoing efforts to decrease unintentional death.

Specific Aim:

Identify any change in LOS or number of admissions among patients who died of a drug overdose during 2020 compared to 2019.

Hypothesis:

People had fewer admissions and shorter LOS during 2020 as compared to 2019.

Approach:

Perform a population-based retrospective cohort study of all people who died from drug overdose in NM and use hospitalization records to identify the number of decedents admitted in 2020 compared to previous years.

Future Directions:

Better understanding of hospitalization patterns preceding death by overdose.

Keywords

COVID-19, Hospitalization, Overdose

Title: Accelerated fMRI-Guided Theta Burst Stimulation for Late-Life Depression
Presenter: Justine Yang
Co-presenters/Co-authors: Tessa Olmstead MD, Allison Price MD, Erick Durham MD,
Shawn Hazlewood MD, Ben Gibson MS, Cesar Ojeda MBA, Tom Jones MS, Joel Upston MS,
Andrei Vakhtin PhD, Christopher Abbott MD, Davin K. Quinn MD
Type of poster: Research project presenting data

Abstract

Background:

Repetitive transcranial magnetic stimulation (rTMS) is an FDA-approved treatment for major depressive disorder (MDD). rTMS of the dorsolateral prefrontal cortex (DLPFC) affects mood control through modulation of the subgenual cingulate cortex (SgCC). Accelerated rTMS to the left DLPFC is efficacious for MDD but, has not shown the same benefit for late-life depression (LLD). Few studies have tested this protocol to the right DLPFC. We proposed a pilot study of accelerated resting-state functional MRI (rsfMRI)-guided intermittent theta burst stimulation (iTBS) to the right DLPFC for LLD and hypothesized there would be significant improvement in depressive and anxiety symptoms.

Methods:

We recruited 25 elderly patients with moderate to severe MDD for at least 6 months. Each patient underwent rsfMRI and behavioral assessment using the Inventory of Depressive Symptoms and Generalized Anxiety Disorder-7. Each participant's stimulation target was found using resting-state data and received 45 sessions of iTBS to their fMRI target with a Magventure MagPro X100 stimulator with Cool-B70 coil. After the 15th and 45th treatments, participants repeated clinical and imaging assessments.

Results:

Mean depression scores decreased throughout the study protocol (Visit 1: 38.6; Visit 2: 31.0; Visit 3: 21.3, p <0.0001) and remained below pre-treatment values at one and three months. Mean anxiety scores decreased from Visit 1 to 3 (p < .006).

Conclusion:

In this pilot study, accelerated rsfMRI-guided iTBS to the right DLPFC in patients with LLD was effective in reducing symptoms of depression and anxiety. Future work should confirm these findings in a controlled study with a larger sample size.

Keywords

TMS, depression, fMRI