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Gerard Hall offers safety, counseling for women and kids in need

The Franciscan Sisters of Perpetual Adoration founded Gerard Hall as a home for single mothers-to-be in 1935. Today, as part of Mayo Clinic Health System — Franciscan Healthcare in La Crosse, Wis., the community-based residential program continues to serve pregnant and parenting women, many of whom are struggling with addiction and mental health issues. Of the approximately 50 women who have resided at Gerard Hall over the past two years, more than half had a history of substance abuse and 83 percent were diagnosed with mood disorders.

Caseworker Vanessa A. Renley says, “We use a screening tool to assess patients for depression when they come in and encourage

them to meet with a psychiatrist or psychologist to begin or continue care.” Although not mandatory, most women receive some form of counseling during their stay and more than half increase their use of outpatient therapy or psychiatric services.

Residents — ranging in age from 18 to 30 — also receive pre- and postnatal education, help with parenting skills, support to pursue educational and vocational goals, and the resources for a successful community transition. Gerard Hall provides residents and their children with food, diapers and formula.

Although there is no time limit for residency, the average stay is about three months. By then, many of the women have made significant strides. According to Joshua R. Court, the program supervisor, all successfully discharged women move into stable housing, either on their own or after reuniting with family, and 75 percent have a steady income. Many continue with therapy, although there is no long-term mental health evaluation.

Gerard Hall has helped more than 1,500 mothers and children since its inception. The program, which can accommodate eight women who are pregnant or have a child age two or younger, is always filled.

Program director Julie A. Conway says, “At times in a person’s life, we can reset the course for mom and baby. We can give them the tools they need while they’re feeling safe, secure and supported.

Barbara K. Bruce, Ph.D., L.P., of Mayo Clinic in Rochester, Minn., agrees, noting the Gerard Hall program is unique in the region



A model for community-based intervention, Gerard Hall offers psychiatric care and support for pregnant and parenting women.
© Gerard Hall

and in the Mayo Clinic Health System. “In this setting, mothers and children receive the support they need in a caring environment that includes psychiatric care. We think it can serve as a model for community-based intervention,” she says.

For more information or to make a referral, please contact Gerard Hall at 608-392-3985 or 800-362-3985, ext. 23985 (toll-free).

Somatoform Disorders Undergo Major Overhaul in DSM-5



Jeffrey P. Staab, M.D.

The newly approved DSM-5 contains many revisions, but few are as sweeping as those involving somatoform disorders. In the updated edition, hypochondriasis and several related conditions have been replaced by two new, empirically derived concepts: somatic symptom disorder and illness anxiety disorder. They differ markedly from the somatoform disorders in DSM-IV.

To meet the criteria for somatic symptom disorder, patients must have one or more chronic somatic symptoms about which they are excessively concerned, preoccupied or fearful. These fears and behaviors cause significant distress and dysfunction, and although patients may make frequent use of health care services, they are rarely reassured and often feel their medical care has been inadequate.

Patients with illness anxiety disorder may or may not have a medical condition but have heightened bodily sensations, are intensely anxious about the possibility of an undiagnosed illness, or devote excessive time and energy to health concerns, often obsessively researching them. Like people with somatic symptom disorder, they are not easily reassured. Illness anxiety disorder can cause considerable distress and life disruption, even at moderate levels.

Freeing Patients and Doctors

The new classifications have been criticized as overly broad and likely to lead to increased mental health diagnoses in the medically ill. But Jeffrey P. Staab, M.D., of Mayo Clinic in Minnesota, who participated in the somatic symptom disorder field trials, argues that the opposite is the case.

“People who have reasonable health concerns will not get the diagnosis,” he says. “By eliminating the concept of medically unexplained symptoms, the DSM-5 criteria prevent the easy assumption of a psychiatric diagnosis in patients who present with medical symptoms of unclear etiology.”

He points out that thousands of patients were diagnosed with stress ulcers before the

discovery of *Helicobacter pylori*. “There are many examples of false assumptions because we couldn’t identify a medical problem. Now, the whole concept of medically unexplained symptoms is gone. This is a profoundly fundamental change.”

Dr. Staab adds that it is a change welcomed by patients. “Health anxiety and body vigilance are much more understandable to patients when they realize they can have these things despite what their medical doctor finds. During the field trials, we found it much easier to engage patients if we identified what the problem was instead of what it was not,” he says.

He argues that the new constructs are liberating for physicians, too. “Under the old scheme, we never knew if we had done enough. When we couldn’t find the cause of certain symptoms, there was always the fear that we simply hadn’t searched long enough or hard enough. Now we can acknowledge that a patient’s preoccupation with physical symptoms is higher than normal, whether there is a clearly defined medical diagnosis or not. It is one of the biggest changes in talking with patients with a set of psychiatric problems in 25 years.”

The change has been a long time coming, Dr. Staab says. “It has taken two decades of research to redefine hypochondriasis. This is not just something people came up with. But now we can identify these symptoms in a positive way and can help patients modify them.”

Indeed, the new diagnostic criteria allow a different approach to treatment.

“Most psychiatrists assume that some sort of trauma, tragedy or conflict in the past is driving health-anxious fears and behaviors, Dr. Staab says. “And if we can’t find it, and the patient can’t find it, it can become a speculative wild goose chase for trauma. Trauma is more likely in these patients, but if we don’t find a history of trauma, we can look at stress, and if we don’t find that, we can still talk about exaggerated preoccupations with health and help patients reset and reframe that without digging around in the past.”

Chair's Corner: Mayo Clinic Hosts 2012 Annual NNDC Conference

In November 2012, Mayo Clinic hosted the annual National Network of Depression Centers (NNDC) conference in Rochester, Minn. The NNDC is an association of 21 of the country's leading academic medical centers whose mission is to advance the understanding and treatment of depression and bipolar illness through collaborative research, education and clinical care. The conference provides an opportunity to highlight progress made in these areas and in public policy during the year.

In addition to scientific presentations and scheduled meetings of the NNDC board of directors and task groups, the conference gave the 150 attendees a chance to meet face to face, network, and discuss upcoming projects and collaborations. This year, for the first time, there was also a poster session, highlighting significant research at member institutions.

Task Groups at the Fore

The core of the NNDC is its task groups — teams of researchers and clinicians from NNDC Centers of Excellence who share a common interest and expertise in specialized areas, including bipolar disorder, college mental health, suicide prevention, military veterans and families, and mood disorders among women, children and adolescents, and older adults.

The conference gives group members, who may only convene via phone or email during the year, an opportunity for the personal interactions that are often the most fruitful and rewarding and that can provide, as one member



Mark A. Frye, MD

noted, "an aura of excitement about the future."

Included in that future is the creation of a national data registry. A registry is critical for the large-scale, multisite studies needed to fulfill the goals of the NNDC, including the development of early intervention and prevention strategies for depressive disorders — a topic that generated considerable interest this year.

Response to the 2012 meeting has been extremely positive. Participants said they appreciated the opportunity to explore new areas of interest and to network with colleagues. As one wrote, "A wealth of valuable information was gained and personal connections were made at this year's conference." Beyond this, the annual conferences provide a way to sustain the forward momentum of the NNDC and reaffirm its mission. We were honored to host this year's conference and look forward to next year.



Keynote speaker Richard Weinsilbourn, M.D., Mayo Clinic, Rochester, Minn.



NNDC executive committee and board members at the 2012 conference.

Medical Editor:

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Contact Us

Mayo Clinic welcomes inquiries and referrals, and a request to a specific physician is not required to refer a patient.

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Florida

800-634-1417

Minnesota

800-533-1564

Resources

mayoclinic.org/medicalprofs

Clinical trials, CME, Grand Rounds, scientific videos, and online referrals



News

On a recent visit, World Organization of Family Doctors' president Richard Roberts, M.D., praised the successful integration of behavioral medicine with primary care at Mayo Family Clinic Northeast. Although primary care doctors provide most of the behavioral health services there, mental health professionals offer support when needed. Dr. Roberts called the program, which is based on the Depression Improvement Across Minnesota, Offering a New Direction (DIAMOND) model, "one of the better examples" of integrated care he has seen. He went on to note, "There was an atmosphere of openness, humility and shared vision that I have observed rarely."

To read Dr. Roberts' blog post in its entirety: <http://globalfamilydoctor.com/News/FromtheWONCAPresidentTeamMayo.aspx>

Upcoming Courses

For more information or to register for courses, visit www.mayo.edu/cme/psychiatry-and-psychology, call 800-323-2688 (toll-free) or email cme@mayo.edu.

Aeschi West: Basic Principles in Working with Suicidal Patients

May 29-June 1, 2013, in Vail, Colo.

Acute Care Psychiatry Clinical Review

Oct. 31-Nov. 2, 2013, in Lake Buena Vista, Fla.

Approaches to Pediatric Depression and Related Disorders

Sept. 20, 2013, in Minneapolis.

Positions Available

To learn more, visit www.mayoclinic.org/physician-jobs.

ABPP/ABCN board certified neuropsychologist

to join the Division of Psychology at Mayo Clinic in Arizona. Fluent Spanish is highly desirable. Job posting No. 19539BR

Adult psychiatrist

with experience in the delivery of integrated primary care to participate in an innovative program in Rochester, Minn., and surrounding communities. Job posting No. 15593BR

BC/BE psychiatrist

to serve as medical director for the Mayo Clinic Comprehensive Pain Rehabilitation Center in Rochester, Minn. Background in internal medicine or anesthesia preferred. Job posting No. 19650BR

Clinical psychologist

to provide individual and family counseling at Mayo Clinic Health System in Red Wing, Minn. Job posting No. 18156BR

Clinical or counseling psychologist

with expertise in the care of women with sexual concerns. Job posting No. 14554BR

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