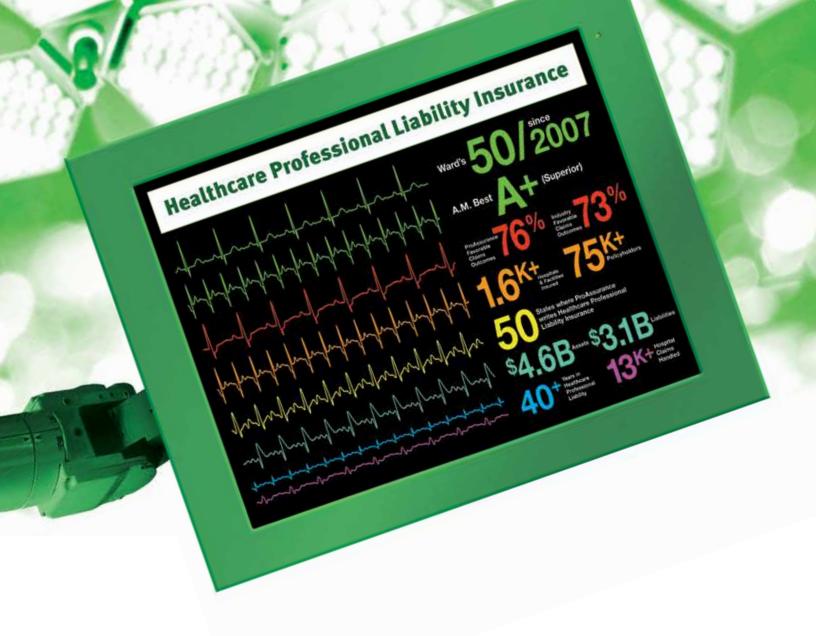


# Addressing Patient Mental Health Concerns





# healthy vitals

ProAssurance has been monitoring risk and protecting healthcare industry professionals for more than 40 years, with key specialists on duty to diagnose complex risk exposures.

Work with a team that understands the importance of delivering flexible healthcare professional liability solutions.



Healthcare Professional Liability Insurance & Risk Resource Services











David M. Nowak, Executive Editor dnowak@slmms.org

James Braibish, Managing Editor **Braibish Communications** editor@slmms.org

#### **Publications Committee**

Samer W. Cabbabe, MD Emily D. Doucette, MD Arthur H. Gale, MD Richard J. Gimpelson, MD Erin S. Gardner, MD Harry L.S. Knopf, MD Jennifer L. Page, MD Pearl Serota, MD

St. Louis Metropolitan Medicine (ISSN 0892-1334, USPS 006-522) is published bi-monthly by the St. Louis Metropolitan Medical Society, 1023 Executive Parkway, Suite 16, St. Louis, MO 63141; (314) 786-5473, FAX (314) 786-5547. Annual Subscription Rates: Members, \$10 (included in dues); nonmembers, \$45. Single copies: \$10. Periodicals postage paid at St. Louis, MO. POSTMASTER: Send address changes to: St. Louis Metropolitan Medicine; 1023 Executive Parkway, Suite 16, St. Louis, MO 63141. Copyright © 2019 St. Louis Metropolitan Medical Society

Advertising Information: www.slmms.org/magazine, or editor@slmms.org or (314) 786-5473. Online copies of this and past issues are available at www.slmms.org/magazine.

Printed by Messenger Print Group, Saint Louis, MO 63122. Graphic design by Lisa Troehler Graphic Design, LLC.



#### www.slmms.org

Facebook: saint.louis.metropolitan.medical.society Twitter: STLMedSociety

#### **Officers**

Ramona Behshad, MD, President Jason K. Skyles, MD, President-Elect Jennifer L. Page, MD, Vice President Robert A. Brennan, Jr., MD, Secretary-Treasurer Christopher A. Swingle, DO, Immediate Past President

#### Councilors

Christopher C. Bowe, MD Emily D. Doucette, MD Kirsten F. Dunn, MD Munier El-Beck, MD Erin S. Gardner, MD Luis A. Giuffra, MD Mark C. Gunby, DO Kimberly G. Perry, DO David L. Pohl, MD Pearl Serota, MD Inderjit Singh, MD Alan P.K. Wild, MD

#### **Council Medical Student Liaisons**

Emily Johnson, Washington University Monica Ou, Saint Louis University

#### **Executive Vice President**

David M. Nowak

#### ■ VOLUME 41 | NUMBER 5 | OCTOBER / NOVEMBER 2019 ■

Cover Feature: Addressing Patient Mental Health Concerns	
Mental Health Disparities in the St. Louis Region: Where You Live Matters  New report examines incidence of mental health disorders by demographic factors  By Echo Wang, MPH; Aleksandr Bukatko, MPH; Olivia Chapman, MPH;  and Nhial T. Tutlam, PhD, MPH	10
Q&A: Top Issues in Mental Health Rising suicide rates, youth mental health, access barriers among major concerns  — Interview with Jessica Gold, MD, MS	14
Ketamine Use as an Antidepressant: Proceed with Caution  — By Luis A. Giuffra, MD, PhD	16
Features	
Meet Your 2020 SLMMS Officer and Councilor Nominees Election takes place online November 1-25	6
Private School Directory  Find quality educational opportunities for the young people in your family  Special advertising section	18
Commentary: Teaching the Modern Medical Student  By Parth Joshi and Dominic DeMarco	20
Columns	
President's Page: Combating Burnout: Bring Back the Doctor's Lounge  — By Ramona Behshad, MD	2
Executive Vice President: Gun Violence in America – A Public Health Epidemic  — By David M. Nowak	4
Harry's Homilies: On Stress  ■ By Harry L.S. Knopf, MD	13
Parting Shots: The Opioid Crisis: A Modern-Day Hydra  — By Richard J. Gimpelson, MD	24
News	
SLMMS Holiday Party December 5	3
Proposed Change to SLMMS Bylaws	5
SLMMS 2020 Installation Banquet January 25	13
SLMMS Supports Science Fair	21
Departments	
22 Alliance	
23 Obituaries	
25 Welcome New Members	

The advertisements, articles, and "Letters" appearing in St. Louis Metropolitan Medicine, and the statements and opinions contained therein, are for the interest of its readers and do not represent the official position or endorsement of the St. Louis Metropolitan Medical Society. SLMM reserves the right to make the final decision on all content and advertisements.

# Combating Burnout: Bring Back the Doctor's Lounge

By Ramona Behshad, MD, Medical Society President



Medical Society President Ramona Behshad, MD

We need to look at interventions and preventive measures directed at increasing social connections and camaraderie among physicians.

am just returning from Italy. As I reflect on the mental health issues facing our country, I can't help but notice the way Americans treat meals compared to Europeans. Food for Europeans is a vital part of the day with plenty of time for conversation. Walking down the small streets of Naples during dinner time, there are outside tables filled with food, conversation and laughter. Food for many Americans is "grab and go" or skipped entirely. Work during the day and then after-school sports and activities during the evenings have invaded mealtimes. The reality, however, is that people connect over food, and Europeans value the time needed for that interaction.

As a child and teenager, dinner was at 7 p.m. when my dad came home from work. My brother and I had to be home. We had to eat whatever my mother made, which was rarely the pizza or hamburgers we wanted. We did not have the ever-present distraction of smartphones, tweets or texts. Instead, we spent time together, reconnected after a busy day, listened to each other and resolved issues. Over the past three decades, family time at the dinner table and family conversation in general have declined. Families with children under age 18 report having family dinners three to four times per week. One third of families with 11- to 18-year-olds eat one or two meals a week together at most. Only one fourth eat seven or more family meals per week.1 This is a 30% decline from times past.

I often say that many of the world's problems would be solved by bringing back the family dinner. This is an exaggeration, but I firmly believe that the mental health crisis in our country would be improved. Social meals are powerful for many reasons. First, mealtimes impact all of our senses—the sight, taste and smell of food, as well as listening to conversation. Family meals permit parental monitoring of children's moods, providing parents with insight into the emotional

well-being of their children. When extended to neighbors and friends, meals allow us to appreciate social interactions and understand the importance of community, friendship and social networking.

#### **Physician Heal Thyself**

A similar sense of community and workplace connectedness is often cited as an important factor in keeping physicians happy. Medicine is a tough and demanding profession, but tremendously rewarding. I love being a doctor, but I dislike contemporary medicine. Young doctors are entering medicine when physician engagement is low, burnout is high, financial pressures are increasing, and physician autonomy is decreasing. Beyond the difficulties of medicine, the culture of medicine itself contributes to mental health problems. Medical training is rough and emphasizes tolerance.

In spite of positive changes in recent years, stigmatizing labels still haunt those who seek help. Moreover, physicians themselves are at risk for mental health problems. Medicine is full of well-meaning overachievers who strive for perfection but fail to recognize the futility of that quest. Professional errors are inevitable, and doctors often internalize this shame instead of speaking about it. This contributes to feelings of isolation and loneliness. In fact, medicine has been deemed one of the loneliest professions.<sup>2</sup> Research shows that loneliness has the same effect as smoking 15 cigarettes a day in terms of health care outcomes and health care costs, and it increases risk of death by 26-45%.3

When it comes to work-life balance, physicians are nearly twice as dissatisfied as the general population, with 40.2% of physicians reporting dissatisfaction versus 23.2% for non-physicians. Burnout rates are higher across the board for physicians as well, with nearly 50% burnout rates on average. Emergency department physicians

have it the worst, with close to 70% reporting burnout, followed closely by general internal medicine, neurology, family medicine and a host of other demanding subspecialties. General pediatrics, dermatology and preventive, occupational and environmental medicine had the lowest burnout rates, just short of 30%.4

#### The Take-Home

Most efforts to prevent burnout have focused on improving personal resiliency rather than workplaces and training environments. The job dissatisfaction among physicians is multifactorial, but improvements in work environment and lifestyle balance are key to improving physician loneliness. We need to look at interventions and preventive measures directed at increasing social connections and camaraderie among physicians.

A simple and cost-effective way to do this is investing in a doctor's lounge, or if in private practice, a similar space where physicians and staff can come together and get away from the action of work. Doctors need everything that other people need: food, water, shelter and of course human interaction. The lounge is a place where doctors can socialize and connect with one another, building a good workplace dynamic.

The reasons for the decline of these lounges is easy to comprehend. Physician workloads are growing, with more patients scheduled during less time. Electronic paperwork has become ubiquitous and onerous. As the intensity or the workday increases, the time for non-urgent interactions gets diluted out. This attitude shows a cursory understanding of human happiness.

One of the reasons many people, including doctors, enjoy their work is the collegiality it affords. In my opinion, the loss of such opportunities is one important contributor to the high rates of physician dissatisfaction and burnout.

Similar to the loss of family dinner and its effects on the family dynamic, there is no substitute for face-to-face interaction between physicians. As a child, I witnessed the benefit of physician interaction first hand. My father is a pediatrician, and as a child I did rounds with him on Saturday mornings. I went to the lovely doctor's lounge to enjoy the close-knit family of colleagues who relaxed in giant overstuffed sofas and were given free delicious food! Where do doctors find such collaboration nowadays? Is it responding to a group email?

We are suffering the loss of meaningful contact with colleagues. It is not just the loss of a free meal. It is the loss of opportunities to share ideas and concerns with colleagues. Physicians need to speak to each other.

Medicine needs to catch up with other organizations that have recognized the importance of promoting interaction. We need to do this not only so that physicians can be safe and well, but also because we help those we serve by modeling good health practices. When we fail to do that, we let down not only

ourselves, but patients and society. So this week, reach out to a fellow physician. Offer a kind word. Meet for coffee. Enjoy a bowl of pasta or gelato. It starts with each of us. -

Ramona Behshad, MD, is an assistant professor in the Department of Dermatology at Saint Louis University School of Medicine and director of the Division of Mohs Surgery and Cutaneous Oncology.

- 1. Eisenberg ME, Olson RE, Neumark-Sztainer D, Story M, Bearinger LH. Correlations between family meals and psychosocial well-being among adolescents. Arch of Pediatr Adolesc Med. 2004; 158: 792-796.
- 2. https://hbr.org/2018/03/americas-loneliest-workers-according-to-research
- 3. Holt-Lunstad J., Smith T. B., Baker M., Harris T., Stephenson D. (2010). Loneliness and social isolation as risk factors for mortality: a meta-analytic review. Perspectives on Psychological Science. 10 227-237. 10.1177/1745691614568352
- 4. Shanafelt TD, Boone S, Tan L, et al. Burnout and Satisfaction With Work-Life Balance Among US Physicians Relative to the General US Population. Arch Intern Med. 2012;172(18):1377-1385. doi:10.1001/archinternmed.2012.3199

#### ST. LOUIS METROPOLITAN MEDICAL SOCIETY



# Holiday Party

Sponsored by our friends at **Keystone Mutual Insurance Company** and Cogeris Insurance Group

> Thursday, December 5, 2019 5:30 - 7:30 p.m.

Missouri Athletic Club-West ● 1903 Bar and Alcove 1777 Des Peres Road Des Peres, MO 63131

Join Us for Cocktails and Light Hors D'oeuvres to Celebrate the Holiday Season

SLMMS members and prospective members only; Space limited



RSVP required by Monday, December 2

RSVP to Liz Webb in the SLMMS Office at 314-786-5473 ext. 0 or lizw@slmms.org



# **Gun Violence in America — A Public Health Epidemic**

By David M. Nowak, Medical Society Executive Vice President



Executive Vice President David M. Nowak

Organized medicine has stepped up and called for common-sense approaches, broadly supported by the American public, to be advanced by policymakers.

as I write this column in early September, our nation is still reeling from two recent mass shootings in early August in El Paso, Texas and Dayton, Ohio, which occurred within 24 hours of each other. Before the end of the month, another gunman went on a shooting spree in Odessa and Midland, Texas, claiming several more innocent lives.

Similar tragedies occur all across the United States multiple times each year. Elected leaders, bound to the strength of the gun lobby in America, offer "thoughts and prayers;" gun control groups demand action; and promises to expand background checks and explore solutions are made but not kept. The nation moves on and a few weeks or months later, the same cycle takes place all over again in yet another city or state.

Unfortunately, we've become somewhat numb to these horrible acts because nothing ever changes. According to the Centers for Disease Control and Prevention, nearly 40,000 Americans lose their lives each year to firearms violence, and another 85,000 more are injured. Columbine, Sandy Hook, Virginia Tech, Parkland, Las Vegas, Orlando ... the list keeps growing. Most frightening is that it's no longer a matter of "if" your community is going to be impacted by such acts of violence, it's becoming a matter of "when."

Many now call the culture of gun violence in America a public health epidemic. Physicians and the medical community have long been on the front lines of this crisis. American Medical Association President Patrice Harris, MD, said recently "We see the victims in emergency departments and deliver trauma care to the injured, provide psychiatric care to the survivors and console the families of the deceased. The frequency and scale of these mass shootings demand action."

And the gun violence epidemic is not just limited to mass shootings. Every day, dozens of people across the nation are killed by

individual acts of gun violence. In St. Louis, this has been graphically brought to our attention by the 19 children age 16 and under who have died from gun violence in the city and county during 2019.

Organized medicine has stepped up and called for common-sense approaches, broadly supported by the American public, to be advanced by policymakers. In recent years, both the American Medical Association (AMA) and the American College of Emergency Physicians (ACEP) have adopted policies to address gun violence. The American Academy of Pediatrics has long advocated addressing the detrimental effects of gun violence in children's lives as a public health issue.

Over the past two years, the AMA has adopted multiple policies regarding gun safety, including advocating for schools as gun-free zones, calling for a ban on the sale of assault-type weapons and high-capacity magazines, expanding domestic violence restraining orders, removing firearms from high-risk individuals, and increasing legal age limits for purchasing ammunition and firearms, as well as firearm safety and research, and enhancing access to mental health care.

Similarly, the ACEP has advanced policies calling for a national firearm injury research registry, the development of technology that increases firearm safety, and universal background checks for firearm transactions. Additionally, the ACEP actively participates in the American Foundation for Firearm Injury Reduction in Medicine (AFFIRM), a non-profit organization "founded by and led by emergency physicians working to end the epidemic of gun violence through research, innovation and evidence-based practice," as described by ACEP President Vidor Friedman, MD.

In June 2018, Missouri's own David Barbe,

MD, then completing his year as AMA president, called for action on gun violence in his address to the AMA House of Delegates. "To those who feel we should not address this as an organization because it is too controversial, I would ask: Did we shy away from fighting discrimination against AIDS patients in the early days of that epidemic, even though society stigmatized those with HIV? No, we let the science lead us. Did we mute our opposition to smoking because Big Tobacco defended it? No, we let the science lead us. Have we backed away from our support of universal vaccinations? No, we let the science lead us," he stated.

"Similarly ... we must not back down from addressing gun violence. On the contrary, we must address it head on ... scientifically, in an evidence-based, principled fashion, and with the health and safety of our communities, our fellow Americans, and our children as our chief concern," he continued.

Our national professional associations recognize the need to advocate for a more effective approach to gun violence. Is it perhaps time for our state and local societies, as well as individual physicians, to use our voices to do the same?

Perhaps you've seen or heard a joke that has been circulating on social media. A man walks into a Walmart and asks the clerk for two packages of Sudafed. "I'm sorry," the clerk replies, "I can only sell you one package of Sudafed." "In that case," the man replies, "I'll take one package of Sudafed and seven guns."

Humorous? Not really. Frightening? Most definitely because it's true. Something is seriously wrong with our society when we focus more on the regulation of pseudoephedrine (for reasons which are obvious), than on the availability of firearms.

We cannot simply write off the gun violence epidemic as a mental health issue, as some elected leaders on both ends of the political spectrum have attempted to do. Mental health issues also occur in other countries, but their rates of gun violence are much lower because of actions they have taken. We must begin to have the necessary hard discussions, review the available research and collaboratively seek solutions.

It's time to put politics aside and address this public health epidemic. As opinion leaders in our community, and as they have valiantly led in addressing previous health issues, physicians can and should take the lead to search for and advocate for science-based solutions to this ever-growing crisis. -

# **Proposed Change to SLMMS Bylaws**

At their September meeting, the SLMMS Council accepted a proposed change to the SLMMS bylaws brought forward by the SLMMS Bylaws Committee. The change affects the delinquency date for member dues payments and the subsequent drop date for members who do not renew, and it will correct an existing discrepancy in the bylaws.

Currently, Chapter II. Section 12. Delinquency of the SLMMS bylaws reads as follows:

Members in arrears for the current year shall, after April 1, forfeit the right to vote, to hold office, and to enjoy all benefits of the Society until dues are paid in full for the current year. Any member in arrears after June 1 shall be dropped from Membership in the Society. The Council may forgive the dues of a member for one year in case of prolonged illness or other serious cause.

The Committee has proposed the following changes (in bold):

Members in arrears for the current year shall, after March 31, forfeit the right to vote, to hold office, and to enjoy all benefits of the Society until dues are paid in full for the current year. Any member in arrears **shall be dropped from membership in the Society at** a date corresponding to the final drop date of the Missouri **State Medical Association**. The Council may forgive the dues of a member for one year in case of prolonged illness or other serious cause.

This change will enable the Medical Society to shorten the collection period for the payment of dues and better align with MSMA for the joint billing of membership dues. It also will agree with the March 31 delinquent date as listed in Chapter X. Dues and Assessments. Section 1.

The change is posted on the SLMMS website and the member comment period regarding the revision will remain open through November 8. Member comments should be directed to David Nowak, executive vice president, at dnowak@slmms.org. Pending member feedback, the Council will vote on the final change in November and it will become effective in 2020. -

#### PLEASE NOTE OUR NEW ADDRESS AND PHONE



1023 Executive Parkway, Suite 16 St. Louis, MO 63141-6323

314-786-5473 | Fax 314-786-5547

# **Meet Your 2020 SLMMS Officer and Councilor Nominees**

#### Election takes place online November 1-25

our Medical Society is pleased to announce the slate of officer and councilor candidates who will lead the Society in 2020. The election will take place online at www.slmms.org from Nov. 1 to 25.



Jason K. Skyles, MD, will succeed automatically to the position of 2020 SLMMS president from his current status as president-elect. Dr. Skyles is a diagnostic radiologist with West County Radiology. He practices at Mercy Hospital St. Louis and Mercy Hospital Washington. He is

certified by the American Board of Radiology.

He obtained his undergraduate and medical degrees from Saint Louis University. He completed his internship at the former Forest Park Hospital and then a residency and fellowship at Wake Forest University.

Dr. Skyles has served as SLMMS president-elect in 2019 and secretary-treasurer in 2016-2017. He was a councilor in 2018 and 2012-2015.

Up for election will be candidates for president-elect, vice president and secretary-treasurer along with four councilors. Councilors are elected to three-year terms; an additional seven councilors will continue their unexpired terms.

Learn more about our candidates by reviewing their biographies that follow. To help give insight on their thoughts about the Medical Society, we have asked them to respond to the question, "How can SLMMS make the most impact to support physicians in the St. Louis region?"

#### Jennifer L. Page, MD | President-Elect



**Practice:** Medical director, acute rehabilitation, Mercy Hospital South. Certified, physical medicine and rehabilitation, pain management. Hospitals: Mercy Hospital South, Mercy Hospital St. Louis.

Dr. Jennifer L. Page Education: B.A. and M.D., University of Missouri-Kansas City. Internship, Mercy Hospital St. Louis; chief resident, Rush Presbyterian St. Luke's Medical Center, Chicago.

Birthplace: St. Louis.

SLMMS/MSMA/AMA Service: SLMMS vice president, 2019; councilor, 2016-2018; Publications Committee member. Delegate, AMA Resident Physician Section, 1992-94; alternate delegate, AMA Young Physician Section, 1997-1998. Board member, Missouri State Medical Foundation, 2007-2012. Joined SLMMS 1996.

**Other Professional Organizations:** American Academy of Physical Medicine and Rehabilitation.

**Community/Volunteer Activities:** Boy Scouts and Cub Scouts parent volunteer and former committee chair. Committeewoman, Creve Coeur Township, 2008-2012.

**Personal:** Husband, Sam Page, MD; three sons. Hobbies and interests: Kayaking, spending time with family camping, watching my sons' high school cross country and track activities, travel. Former NFL Kansas City Chiefs cheerleader.

How can SLMMS make the greatest impact? SLMMS is the chief advocate for patients and their physicians in the St. Louis metropolitan area. SLMMS interacts with elected officials and third-party payers to fight for patient safety and public health initiatives. It provides important representation for St. Louis physicians within the Missouri State Medical Association and American Medical Association. SLMMS has a significant impact with hospital systems and media to keep the best interest of our patients as our highest priority. The strength of the organization is the physician members and volunteer leaders who drive our policy and advocacy. Medicine is changing and SLMMS is our unified voice.

#### Erin S. Gardner, MD | Vice President



**Practice:** Dermatology and Mohs surgery, Dermatology Specialists of St. Louis at Missouri Baptist Medical Center. Certified, American Board of Dermatology.

**Education:** B.A., University of Missouri. M.D., Vanderbilt University. Internship and residency,

Washington University School of Medicine/Barnes Hospital, 1997; Duke University School of Medicine/Duke University Medical Center; American College of Mohs Surgery fellowship, Methodist Hospital, Houston.

Birthplace: Springfield, Mo.

SLMMS/MSMA/AMA Service: SLMMS councilor, 2019; delegate to MSMA convention, 2018 and 2019. SLMMS Publications Committee member. Joined SLMMS 2007.

Other Professional Organizations: Past president, Missouri Dermatological Society; technology chair, St. Louis Physician Alliance; Public Policy Committee, American College of Mohs Surgery; EHR Task Force chair and Advisory Board Executive Committee member, American Academy of Dermatology; member, AMA, MSMA, St. Louis Dermatological Society, American Society of Dermatologic Surgery.

Honors and Awards: Chief resident in dermatology, Duke University.

Personal: Wife, Emily Gardner; children, one son and three daughters. Hobbies and interests: Tennis, running, reading, spending time with family. Reading interests include history, biographies of courageous and resilient leaders, and the study of moral virtue and political systems.

How can SLMMS make the greatest impact? SLMMS should continue to zealously pursue its longtime triple mission of advocacy, communication and education. The practice of medicine in 2019 is beset by technological, organizational and economic winds of change. Physicians have perhaps been less compelled in other eras to engage with other stakeholders in shaping the way that health care unfolds in our communities. We physicians can no longer afford to stand by and allow others to dictate how we can and how we cannot care for our patients. SLMMS helps us unite and speak with a collective voice. We are stronger when we band together for the benefit of our patients and our practices alike.

#### Robert A. Brennan, Jr., MD | Secretary-Treasurer



Practice: House obstetrician-gynecologist, SSM Health St. Clare Hospital-Fenton. Certified, American Board of Obstetrics and Gynecology. Education: A.B. and M.D., Saint Louis University. Internship and residency, Dr. Robert A. Brennan, Jr. ob-gyn, Mercy Hospital St. Louis.

Birthplace: St. Louis.

SLMMS/MSMA/AMA Service: SLMMS secretary-treasurer, 2018-2019; councilor 2015-2017; secretary-treasurer, 2014; secretary, 2008-2010; councilor, 2004-2007; 2011-2013. Physicians' Wellness Conference chair, 2007-2009. MSMA first vice president, 2012-2013; 3rd District councilor, 2013-present. Joined SLMMS 1979.

Other Professional/Community Activities: St. Louis Obstetrical and Gynecological Society, American College of Obstetricians and Gynecologists, Society of Ob/Gyn Hospitalists.

Personal: Wife, Joan Brennan; children, four sons; two grandchildren. Hobbies: running, archery, reading.

How can SLMMS make the greatest impact? SLMMS can make the most impact to support physicians in the St. Louis region in several ways. First, it can keep physicians abreast of legal conditions and laws that may affect medical practice. Secondly, it can help physicians in contracts with health organizations. Thirdly, SLMMS can provide physician networks that initiate medical referrals and social interaction. Finally, it can educate physicians about medical conditions and the current social environment that affects medical practice.

#### M. Laurin Council, MD | Councilor



Practice: Dermatology and dermatological surgery; associate professor of medicine, Washington University. Diplomate, American Board of Dermatology; Fellow, American College of Mohs Surgery.

Dr. M. Laurin Council

Education: B.S., Louisiana State University. M.D., Washington University. Internship and residency, Barnes-Jewish Hospital.

Birthplace: Lake Charles, La.

SLMMS/MSMA/AMA Service: Alternate delegate and young physician representative of the American Society for Dermatologic Surgery to the American Medical Association, 2018-2020. Joined SLMMS 2019.

Other Professional/Community Activities: President, St. Louis Dermatological Society; board of directors, American Society for Dermatologic Surgery; board of directors, Women's Dermatologic Society; member, American College of Mohs Surgery; member, American Academy of Dermatology; board of trustees, Dermatology Foundation; member, Association of Professors of Dermatology, AMA, MSMA. Editor in chief, Dialogues in Dermatology, official podcast of the American Academy of Dermatology; associate editor, International Journal of Women's Dermatology; assistant editor, Dermatologic Surgery.

Honors and Awards: American Academy of Dermatology Presidential Citation Award; Iron Surgeon, American Society for Dermatologic Surgery; American Society for Dermatologic Surgery Top Advocate Award; American Academy of Dermatology Excellence in Dermatology Award; Teacher of the Year, Division of Dermatology, Washington University, 2016.

Personal: Husband, Matthew Council, MD, ophthalmologist. Four daughters, one son. Hobbies and interests: LSU football, cake decorating, clarinet, Cajun cooking.

How can SLMMS make the greatest impact? The practice of medicine is ever changing, and members of the Medical Society look to the organization to navigate the evolving health care system. Increasing regulations ultimately affect our ability to deliver cost-effective, quality care to our patients. By continuing to advocate for our profession, whether by meeting with our local representatives, by drafting position statements on issues affecting the practice of medicine, or by lobbying for our patients on Capitol Hill, members of SLMMS will continue to assure a bright future for our profession.

#### Mark S. Pelikan, DO | Councilor



Practice: Family Practice, Esse Health. Certified, American Board of Family Medicine, American Board of Independent Medical Examiners.

**Education:** B.A., Saint Louis University; D.O., Kirksville College of Osteopathic Medicine. Internship and residency, Forest Park Hospital.

Continued on page 8

#### **Nominees Announced ...** • continued from page 7

Birthplace: St. Louis.

SLMMS/MSMA/AMA Service: Joined SLMMS 2019.

Other Professional/Community Activities: Board member and executive board member, Missouri Association of Osteopathic Physicians and Surgeons, St. Louis Association of Osteopathic Physicians and Surgeons.

**Honors and Awards:** Missouri Association of Osteopathic Physicians and Surgeons: Physician of the Year, 2018; District Leadership Medallion Award; Young Physician of the Year, 2008.

**Personal:** Wife, Diliane Pelikan, MD; two daughters. Hobbies and interests: piano, martial arts.

How can SLMMS make the greatest impact? SLMMS can make the greatest impact to support physicians by actively engaging them. I'm a newcomer to SLMMS but have been very active in the St. Louis and Missouri communities of osteopathic physicians. I believe all physicians face issues in their practices and don't really realize how much organized medicine can help. As doctors, we are our own best advocates, and I enjoy engaging other physicians. We need to train each other as leaders, and I believe this is one of the biggest functions of organized medicine.

#### Damien L. Ricklis, MD | Councilor



Dr. Damien L. Ricklis

**Practice:** Academic hospitalist, Mercy Hospital St. Louis; core faculty, Mercy Internal Medicine Residency Program. Certified: American Board of Internal Medicine.

**Education:** B.A., University of Dallas; M.D., Tulane University. Internship and residency, Los

Angeles County-University of Southern California Medical Center.

Birthplace: Monrovia, Calif.

**SLMMS/MSMA/AMA Service:** MSMA delegate. Member, SLMMS Political Action Committee. Joined SLMMS 2018.

Other Professional/Community Activities: Member, American College of Physicians, Society of Hospital Medicine, AMA.

**Honors and Awards:** Elected to Gold Humanism Honor Society, 2005.

**Personal:** Wife, Kristen Barber. One son and one daughter. Hobbies and interests: Spending time with family and friends, exploring St. Louis-area family friendly attractions, travel.

How can SLMMS make the greatest impact? Medicine is changing rapidly. Some changes come from advances in scientific and clinical practice. Other changes come as a result of legislation that affects our ability to deliver care. SLMMS can make the greatest impact by raising physician awareness of health care policy issues being discussed at the state and federal

levels, and by helping physicians play an active and leading role in the outcome of legislative policies affecting health care. As health care expenses rise and the physician shortage grows, SLMMS can help connect physicians with legislators to ensure collaborative solutions that best meet the health care needs of our diverse communities.

#### Richard H. Wieder, MD | Councilor



**Practice:** Associate professor of ophthalmology, Washington University School of Medicine. Certified, American Board of Ophthalmology.

**Education:** B.S., University of Illinois; M.D., University of Illinois-Rockford. Internship, Jewish Hospital of Cincinnati; residency,

University of Cincinnati Medical Center.

Birthplace: Evanston, Ill.

SLMMS/MSMA/AMA Service: Joined SLMMS 1998.

Other Professional/Community Activities: Member, American Academy of Ophthalmology, American Society of Cataract and Refractive Surgery, Missouri Society of Eye Physicians and Surgeons, St. Louis Ophthalmology Society, Missouri State Medical Association.

**Community/Volunteer Activities:** Vision Walk to Support Foundation Fighting Blindness, St. Louis Community College at Meramec Symphonic Band, University City Summer Band.

Honors and Awards: Alpha Omega Alpha.

**Personal:** Wife, Cathy Wieder; three sons and two daughters. Hobbies and interests: playing the trombone, working out, music, golf.

How can SLMMS make the greatest impact? The physicians in the St. Louis metropolitan area have many different backgrounds, interests and concerns regarding the current medical climate. It is vital that an organization like SLMMS be responsive to these concerns and represent us in a proactive fashion. It is incumbent on St. Louis physicians, regardless of their specialties and affiliations, to be active in supporting each other. SLMMS provides an effective vehicle to allow this to happen.

#### Continuing on the Council (Terms began in 2018 or 2019)

- Christopher C. Bowe, MD
- Emily D. Doucette, MD
- Kirsten F. Dunn, MD
- Luis A. Giuffra, MD
- Mark C. Gunby, DO
- Pearl F. Serota, MD
- Inderjit Singh, MD

# IS YOUR MONEY WORKING AS HARD AS YOU ARE?

#### A LOWER FEE COULD HAVE PUT AN EXTRA \$143,485 IN YOUR POCKET.

	1.00% Management Fee	0.50% Management Fee	
12/31/08	\$1,000,000	\$1,000,000	
12/31/18	\$3,137,917*	\$3,281,402*	

At Triad Financial Group, we're pleased to offer SLMMS members a reduced annual portfolio management fee of 0.5%. That's half the rate typically charged by financial advisors,\*\* and the difference in costs or fees can really add up. So why pay more?

Contact Rich Fitzer at 314.392.6812 or at *rcfitzer@triadfinancialgroup.net* for a **no-cost** review of your portfolio.



680 Craig Road, Suite 309 | Creve Coeur, MO 63141

- \* Based on a hypothetical \$1 million invested in the S&P 500 Index. Over a 10-year period ending 12/31/2018, returns would have been \$143,485 higher with a 0.5% annual portfolio management fee versus a 1% fee. Past performance is not indicative of future returns.
- \*\* "Typical rate charged by financial advisors" claim is based on a 2016 InvestmentNews study (http://blogrunnymede.com/how-much-to-pay-a-fee-only-advisor-a-look-at-average-annual-fees) showing an average advisor fee of 1.01% for an account valued at between \$1 million and \$5 million. Rates charged by financial advisors vary. Other fees and transaction costs apply. Similar services may be available from other investment advisers at a lower cost.

All indices are unmanaged and investors cannot actually invest directly into an index. Unlike investments, indices do not incur management fees, charges, or expenses.

This is a hypothetical example and is for illustrative purposes only. No specific investments were used in this example. Actual results will vary.

Securities and advisory services offered through Commonwealth Financial Network, Member FINRA/SIPC, a Registered Investment Adviser. Fixed insurance products and services offered through CES insurance Agency.

# Mental Health Disparities in the St. Louis Region: Where You Live Matters

### New report examines incidence of mental health disorders by demographic factors

By Echo Wang, MPH; Aleksandr Bukatko, MPH; Olivia Chapman, MPH; and Nhial T. Tutlam, PhD, MPH

inorities and persons living in low-income areas of the City of St. Louis and St. Louis County are more likely to seek hospital treatment for mental health conditions than their white and wealthier counterparts, according to a new data report published by the St. Louis County Department of Public Health.

The St. Louis Regional Mental Health Data Report examines emergency department visits for mental health conditions, inpatient hospitalizations for mental health conditions and hospitalizations for attempted suicide.

#### **National Prevalence of Mental Disorders**

Mental disorders are common conditions in the United States:

- In 2017, it was estimated that about one in five U.S. adults was living with a mental illness, and, in 2014, one in ten young people experienced a period of major depression.<sup>1</sup>
- People with serious mental illness have a higher prevalence of substance use disorders, heart diseases, metabolic diseases, and live an average of 25 years less than other Americans.<sup>1,2</sup>











Dr. Nhiai I. Iutlan

Echo Wang, MPH, is the mental health epidemiologist; Aleksandr Bukatko, MPH, is a biostatistician; Olivia Chapman, MPH, is a chronic disease epidemiologist; and Nhial T. Tutlam, PhD, MPH, is the chronic disease epidemiology program manager, all with the Division of Health Promotion and Public Health Research at St. Louis County Department of Public Health. Dr. Tutlam can be reached at ntutlam@stlouisco.com.

Even with significantly increased spending on general and private psychiatric hospitals over the past two decades,<sup>3</sup> there is still substantial unmet need for psychiatric treatment and care.

- In 2017, less than 20% of adolescents (i.e., 12-17 years old) with reported emotional and/or behavioral problems received any counseling or treatment.¹
- It is estimated that between 30% and 60% of all individuals diagnosed with a mental illness in the U.S. did not receive treatment in 2017. Among adults, affordability is commonly stated to be the chief barrier to treatment.<sup>1,4</sup>



Minorities and persons living in low-income areas of the City of St. Louis and St. Louis County are more likely to seek hospital treatment for mental health conditions than their white and wealthier counterparts.

How can we further understand and characterize the burden of mental disorders and disparities that exist in the St. Louis region? Hospital admission data are considered a reliable proxy for estimating prevalence and trends within specified regional parameters. Given the limited availability of county-level or city-level population data on mental health, the *St. Louis Regional Mental Health Data Report* utilizes hospital admission data to describe these trends and disparities for mental disorders within the St. Louis region.

#### **Where You Live Matters**

From a biomedical perspective, mental illness is largely understood to be of genetic origin, so attention is directed to the individual/familial level.

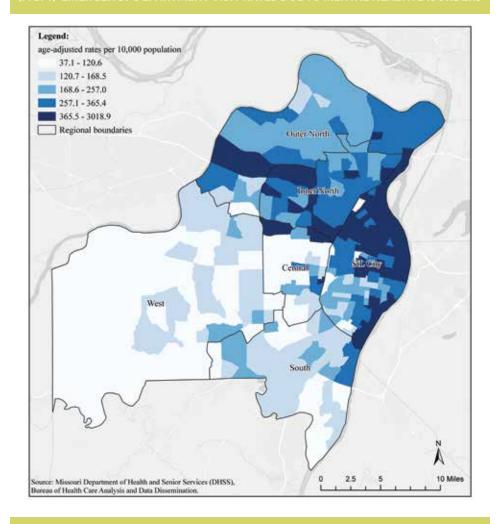
The public health perspective, however, goes beyond the individual/ familial level to consider other important factors, commonly referred to as social determinants of health the conditions in which people are born, live, work, play and age.

The accompanying map (Fig. 1) shows patterns of emergency department (ED) visits for mental health disorder by census tracts in St. Louis City and St. Louis County. As is evident from the map, rates of ED visits are higher among those living mostly in the northern region of the county and some parts of the southern region of the county and across the City of St. Louis. These parts of the county and the city where the mental health ED visit rates are highest also happen to be the areas with high poverty levels and higher proportion of minority population. Geographic distribution patterns are similar for adult and child hospitalizations for mental health disorders or attempted suicide.

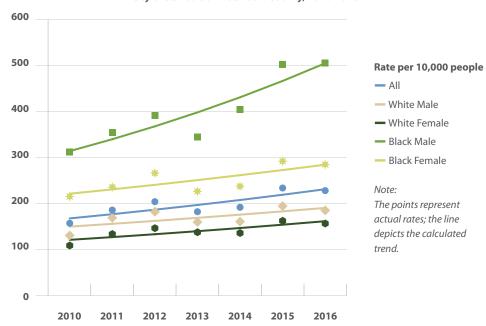
#### **Emergency Department Use** for Mental Health

The number of patients being seen in emergency departments for mental health disorders is growing. In 2016, a total of 28,968 visits were made to emergency departments for mental disorders, compared to 20,478 in 2010. Looking at growth on a percapita basis, the number of residents per 10,000 population who went to EDs for mental health conditions grew by an average of 5.5% annually between 2010 and 2016 (Fig. 2). The per capita rate is largest among black males, 504 per 10,000 individuals, followed by black females at 284.

Continued on page 12



City of St. Louis and St. Louis County, 2010-2016



Compilation from the St. Louis Regional Mental Health Data Report. Original data source: Department of Health and Senior Services (DHSS), Bureau of Health Care Analysis and Data Dissemination.

#### **Mental Health Disparities** ... **►** *continued from page 11*

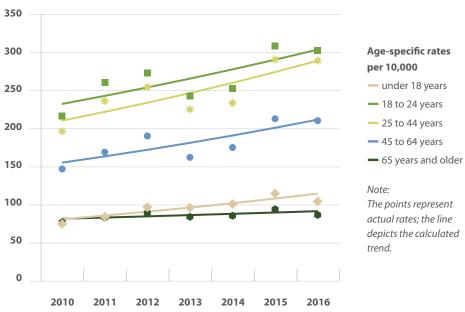
By age, the highest rate of emergency department visits for mental health occurs in the 18 to 24 age bracket, followed by the 25 to 44 age group (Fig. 3).

#### **Emergency Department Visits Due to Intentional Self-Harm**

In 2016, there were a total of 1,959 emergency visits for intentional self-harm; most of these visits resulted in an inpatient admission within the same hospital. In recent years (2010-2016), emergency departments have seen an increased flow of suicide attempts or patients with intentional self-harm diagnosis with average increase of 2% per year. Most common patients are young adults and females. Substance use disorder is the most common concurrent diagnosis. The greatest differences by income are seen in older patients.

### **MENTAL HEALTH DISORDERS BY AGE**





Compilation from the St. Louis Regional Mental Health Data Report. Original data source: Department of Health and Senior Services (DHSS), Bureau of Health Care Analysis and Data Dissemination.



It is also clear that disparities exist by race and geographic areas of residence. Specifically, Black/African American residents and those in economically disadvantaged neighborhoods have significantly higher rates for both ED utilization and hospitalizations.

#### **Mortality by Suicide**

Intentional self-harm was the sixth-leading cause of death for children under 18 years of age and third-leading cause of death for ages 18 to 24 years in St. Louis County.6 It is the 10th-leading cause of death for all age groups in the state of Missouri and the United States in general.<sup>7</sup> In St. Louis County, suicide rates increased from 11.7 deaths per 100,000 population in 2010 to 13.9 deaths per 100,000 in 2014 but had decreased slightly by 2016. In St. Louis City, the suicide rate increased from 12.2 deaths per 100,000 population in 2010 to 13.4 deaths

per 100,000 population in 2011, but had decreased to 11.2 deaths per 100,000 population by 2016. This is consistent with trends observed across the state. In St. Louis County, noteworthy differences in suicide mortality between 2012 and 2016 were as follow: males were four times more prevalent than females; whites were more prevalent than any other race/ ethnicity; and a firearm was the most frequent means of suicide.

#### **Barriers to Access to Mental Health Treatment**

Common barriers to timely mental disorder treatment include inappropriate use of medication, mistrust of medical providers and stereotyping.<sup>5</sup> Racial and ethnic minority populations are less likely to start medication treatment for depression and are more likely to discontinue their regimen compared to non-Hispanic whites,8 even though they are at a higher risk for being hospitalized for depressive disorder. In this regard, an area of concern is lack of insurance, which may be contributing to over utilization of EDs. For example, from 2012 to 2016, in the St. Louis region, about one in four ED visits for a mental disorder were listed as self-pay (uninsured), while one in seven hospitalizations for a mental disorder were listed as self-pay.

In the U.S., it has been estimated that \$8.3 billion is spent each year on ED care alone, over half of which is spent on mental health care.4 Therefore, there is a need to rethink how and where we collectively address mental health for better patient outcomes and more efficient and strategic utilization of resources.

#### **Conclusions**

Our findings in this report have shown that ED and inpatient hospital encounters for mental disorders have increased steadily from 2010 to 2016. Based on the trends observed from these data, it is apparent that ED utilization and hospitalizations due to mental disorders will continue to rise. It is also clear that disparities exist by race and geographic areas of residence. Specifically, Black/African American residents and those in economically disadvantaged neighborhoods have significantly higher rates for both ED utilization and hospitalizations. Additionally, rates of intentional self-harm (suicide attempts and completed suicides) have increased and are expected to continue increasing, based on the observed trends. Recognition of these statistics and trends is therefore crucial to help institute more effective mental health care services.

The full report is available at http://www.thinkhealthstl.org/ indicators/index/dashboard?alias=mentalhealth

It can be accessed in PDF format or in interactive online maps.

#### References

- 1. Substance Abuse and Mental Health Services Administration. (2018). Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health (HHS Publication No. SMA 18-5068, NSDUH Series H-53). Rockville, MD: Center for Behavioral Health Statistics and Quality. Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHFFR2017/ NSDUHFFR2017.pdf
- 2. Funk M. Mental Health and Development: Targeting People With Mental Health  $Conditions\ as\ a\ Vulnerable\ Group.\ Geneva,\ Switzerland:\ World\ Health\ Organization;$
- 3. Wang, PS et al. Failure and Delay in Initial Treatment Contact After First Onset of Mental Disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry (June 2005): Vol. 62, No. 6, pp. 603-13.

- 4. Niedzwiecki MJ, Sharma PJ, Kanzaria HK, McConville S, Hsia RY. Factors Associated With Emergency Department Use by Patients With and Without Mental Health Diagnoses. JAMA Network Open. Published online October 19, 20181(6):e183528. doi:10.1001/jamanetworkopen.2018.3528
- 5. Interian A, Ang A, Gara MA, et al: The long-term trajectory of depression among Latinos in primary care and its relationship to depression care disparities. General Hospital Psychiatry 33:94-101, 2011.
- 6. Kret, JE, Tutlam, NT, Dalidowitz Dame, L, Wang, E. Leading Causes of Death Profile, St. Louis County Missouri. Chronic Disease Epidemiology (CDE) program profile, no 6. St. Louis County, MO: Department of Public Health. September 2017.
- 7. Heron M. Deaths: Leading causes for 2016. National Vital Statistics Reports; vol 67 no 6. Hyattsville, MD: National Center for Health. Statistics. 2018. https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67\_06.pdf
- 8. Osborn CY, Trott HW, Buchowski MS, et al: Racial disparities in the treatment of depression in low-income persons with diabetes. Diabetes Care. 33:1050-1054, 2010.

#### **SAVE THE DATE**

#### **SLMMS 2020 Installation Banquet** and Annual Meeting

Saturday, January 25, 2020

Mark your calendars and plan to join us for our annual meeting and the presentation of SLMMS awards, with the installation of Jason K. Skyles, MD, as our 2020 President and the 2020 SLMMS Council.

> 6 p.m. Cocktail reception 7 p.m. Dinner and installation

The Living World at the Saint Louis Zoo One Government Drive St. Louis, MO 63110

Event sponsorship packages are also available; contact the SLMMS office.

#### **Information**

Liz Webb | 314-786-5473 ext. 0 | lizw@slmms.org

## **HARRY'S HOMILIES®**

Harry L.S. Knopf, MD

#### ON STRESS

Life is not very stressful, So long as you can afford it.

One of the big problems that we face in our country is stress. Do we have enough money? Can we survive to old age? Will our children be OK? Are the leaders competent? Is the world going crazy? These are a few of the stressors that drive us to distraction and depression. But people in every age have been worried about something. Why is our rate of suicide increasing so fast? I doubt that there is a single answer, but this issue will address some of the important issues behind the statistics. Don't ever be afraid to admit you are under enough stress to "snap"—there is always someone available to help. -

*Dr. Knopf is editor of Harry's Homilies.* He is an ophthalmologist retired from private practice and a part-time clinical professor at Washington University School of Medicine.

# **Q&A: Top Issues in Mental Health**

# Rising suicide rates, youth mental health, access barriers among major concerns



Dr Jessica Gold

Jessica ("Jessi") Gold, MD, MS, is an assistant professor in the Department of Psychiatry at Washington University School of Medicine where she works at the Habif Health and Wellness Center, teaches in the medical school, and sees patients in outpatient psychiatry.

Dr. Gold obtained her medical degree from the Yale University School of Medicine in 2014. She completed her residency in psychiatry at Stanford University, where she served as chief resident and received numerous awards including membership into Alpha Omega Alpha, the American Psychiatric Association leadership fellowship and others. She also holds a master's degree in anthropology from the University of Pennsylvania.

Through residency and her time at Washington University, she has been a prolific lecturer and author for professional journals. She also has contributed articles to popular media including *InStyle* and *Self Magazine*, as well as physician media such as *Psychiatry Times*, *Medscape* and others. Most recently she authored a commentary in *TIME*, "The Dangers of Linking Gun Violence and Mental Illness."

Her writings are available on her website, www.drjessigold.com. She can be followed on Twitter, @drjessigold.

# How have treatments for mental illness improved in the last 5-10 years?

The best example to illustrate this is the pharmacological treatment of depression. We used to only have tricyclics and monoamine oxidase enzymes (MAOIs) to treat major depression, and they had a lot of associated side effects. Then, in the late 1980s, Prozac was developed and treatments changed at a much faster pace after that as other SSRIs were developed and then SNRIs in the 1990s. After Prozac, many of the "new" medications were "me too" medications and did not change outcomes very much. Yet, while we know that antidepressants work and are more effective than a placebo, we also know that one third of patients do not respond to them.

For that group of patients who have treatment-resistant depression, there are novel treatments on the horizon. Beyond electroconvulsive therapy (ECT)—which remains one of the best tools in a psychiatrist's shed—we also now have transcranial magnetic stimulation (TMS) and an entirely new class of antidepressant drugs, like nasal ketamine, being approved by the FDA. The Washington

University Department of Psychiatry, through the Taylor Family Institute for Innovative Psychiatric Research, has done a lot of work in this area. They are looking at, among other things, novel neurosteroids and laughing gas (nitrous oxide) as treatments through research. In the future, we might also be able to better understand who needs which intervention or treatment and why. Hopefully we will also learn why someone responds to some medications and not others and be able to personalize care more accurately than we do now

As mental health and substance use disorders have increased, we are fortunate that treatments have improved, but unfortunately, in parallel, access has not.

Data from the CDC shows that the suicide rate increased 33% from 1999 to 2017. What are your thoughts on the reasons for the increase?

There are a lot of drivers of the suicide rate increase in this country, and no single answer will explain the increases. Many have proposed really simple hypotheses. One group of studies has led to the thinking that some overdose deaths are not accidental. The current opioid epidemic is correlated and some real links exist between opioid use and suicidal behavior in drug users, their children and families.

Another important key is to notice suicide rates are rising more among youth ages 10-14 than any other group. This is very important as it highlights the need to be more aware of young people's mood, symptoms and warning signs, and to help those at risk get into treatment early. Some increases among youth are hypothesized to be related to social media use, which in turn can be associated with bullying, less meaningful interactions with others and loneliness. Beyond that, I think teens, particularly as they transition to college, are affected by their sociopolitical environments. With terrorism, school shootings, climate change and whatever else this current culture is dealing with, it is perhaps not surprising that they are having anxiety and depression at higher rates. Whatever the reason, this showcases the need to focus more resources and attention on these rising rates

and on mental health treatment access and prevention in this country.

#### Do many people (all ages) with mental health conditions continue to go untreated? Does there continue to be a stigma associated with receiving mental health treatment? How can we encourage people to seek treatment?

Absolutely. It is definitely true that things may be better than they were in 1972 when Missouri Sen. Thomas Eagleton was removed as the Democratic vice presidential nominee, after it was revealed he had been hospitalized for depression and received electroshock therapy. To be a successful U.S. senator with a Harvard and Amherst education, Eagleton actually was a great major depression success story. Yet today, even though we may be more comfortable than we were in the 1970s with mental health, stigma continues to be a huge problem in all age groups.

Stigma may originate from one's own beliefs, yet it can also come from the public's perception (portrayals on television, in the news), or from family, or from culture, even if the individual patient did not initially have those beliefs themselves. This prevents them from getting help and from valuing the need for help early on. This results in people waiting to get help until they are very sick and need a more intensive intervention.

I think we can encourage people to seek treatment by talking more about the prevalence of mental illness and about prevention and warning signs. When people like Kevin Love, an NBA basketball player, share their stories of mental health issues, this causes people to listen and opinions to change. There are far too many others who suffer in silence and we only learn about it after a tragedy.

#### To what extent is access to mental health care an issue? What can or should be done to ensure that more people who need mental health care can obtain it?

 Part of the problem tends to be the number of trained specialists. The other is the how and where health care is delivered. As mental health and substance use disorders have increased, we are fortunate that treatments have improved, but unfortunately, in parallel, access has not. We need more resources to be able to help all of the patients in need. We need to have affordable, local community services to help patients with mental illness recover and also reduce the numbers of those on the street, in jail and in the hospital. We need to invest in opioid and other substance use disorder programs and increase public health efforts to curb gun violence, as both contribute to increasing mental illness, suicide and rates of harm in our community.

You have done a lot of work in physician wellness. Physician suicide is on the rise. What particular pressures do physicians face that make it hard to get help? What does the medical community need to do to address this issue?

Physicians have burnout and very high rates of suicide, but the data is old. It suggests male doctors have suicide rates up to 40% more than the general population and female doctors up to 130% higher. One issue may be substance use disorders. Many physicians who have sought treatment for their substance abuse have reported that they were relieved to be discovered and sent to treatment. Often, it was either suicide or treatment. A huge issue for this, again, is stigma. Physicians fear getting psychiatric treatment because it might be reportable to the medical board (luckily it no longer is in Missouri) and many even self-medicate to avoid seeing another doctor. Access is also an issue as with physician hours—we often do not have time to get treatment or easily accessible resources for it. The issues are inherent to the profession and the workplace, and not only are fixes mandated by the AAMC and ACGME, but they are truly needed.

#### You have worked with medical students, among whom suicide rates are high. What is the cause of mental health problems with medical students? What needs to be done?

 If you look at the data, medical students come in with the same rates of depression and suicide as age-matched, education-matched peers, but over the four years this changes. This means there is something inherent in how we train doctors—and what we prioritize for doctors that affects students. Some of this is the hours, demands, electronic medical records, work stress and lack of modeled empathy. Some of this is hierarchy and feeling like there is no place to turn for help that feels safe and responsive. Some of this is access to both health information, but also lethal medications. Additionally, as someone who has focused on sexual harassment and inequity in the workplace, it also is clear that the rates of burnout and depression are higher for women physicians. This is likely related to the dynamics in the workplace as well.

#### What are some other pertinent issues in mental health that we haven't covered?

 Mental illness and substance use disorders are so common that they are the major causes of death and disability in the U.S. Life expectancy in our country has started to decline for these reasons. There are safe and effective treatments that exist, but we need to learn to identify the warning signs and those who need help right now, so we can help them to actually seek out treatment before it is too late.

It is important that we advocate for patients with mental illness and mental health reform in any way we can from talking more about it, to legislative advocacy, to using our voices on social media or in journals or popular press pieces. This population and the lack of access they face, and the stigma they harbor, affects every single specialty in medicine. No one should be silent, and we should all be talking about it until change occurs. -

# **Ketamine Use as an Antidepressant: Proceed with Caution**

By Luis A. Giuffra, MD, PhD

he antidepressant era started in earnest in the 1950s with the introduction of the irreversible inhibitors of the monoamine oxidase enzymes (MAOIs) and the tricyclic antidepressants (TCAs). Both classes of drugs were found by serendipity. Previously, electroconvulsive therapy (ECT) or insulin coma therapy were the only reliable ways to effectively control severe episodes of major depression. Both MAOIs and TCAs work by modulating the effects of monoamines (norepinephrine, serotonin and dopamine).

Since the 1980s, there has been an explosion of newer antidepressants (SSRIs, SNRIs, etc.) that operate also through the monoamines systems. It is therefore not surprising that the discovery of an antidepressant that works through non-monoamine pathways will generate excitement in the field. That is the case of ketamine—the new antidepressant.

Ketamine is an N-Methyl-D-aspartate (NMDA) receptor antagonist that has been used for over 50 years for starting and maintaining anesthesia. It has also been diverted and abused as a "club drug" due to its trance-like (dissociative) effects. Since 2000, and especially since 2005, a number of studies have proven that small, sub-anesthetic doses of ketamine can produce robust but short-lived antidepressant and antianxiety effects.

#### **Positive Effects**

These effects can be quite dramatic in both the speed of action—hours, as opposed to the weeks needed for typical antidepressants to work—and the magnitude of its effects. At times, it significantly improves the mood of depressed individuals who have previously failed to respond to all antidepressant classes, including ECT. At least one third of patients with major depression develop some form of treatment-resistant depression (TRD).



Luis Giuffra, MD, PhD, is a professor of clinical psychiatry at Washington University and medical director of Clayton Behavioral. He is also a member of the SLMMS Council. He can be reached at lgiuffra@claytonbehavioral.com.

Dr. Luis A. Giuffra

Finding a new drug that dramatically improves the mood of previously unresponsive individuals for only a few hours or a few days is quite exciting, but impractical, unless there are ways to make the improvement persist for prolonged periods of time or, ideally, indefinitely. Clinicians have therefore been experimenting with doses, frequencies and routes of administration of ketamine to individualize a patient's long-term treatment. This process has proven successful but has also raised several issues concerning the safety of long-term use of a medication that had previously only been used sporadically as an anesthetic.

On a positive note, repeated administration of sub-anesthetic ketamine for one to several weeks can effectively control many cases of previously refractory major depression. Intramuscular (IM) administration is rapidly becoming a favored route of choice due to its ease of in-office use and lack of need for expensive anesthetic monitoring. Generic ketamine is very inexpensive, and a typical IM dose (between 0.5-1.0 mg/Kg) only costs about \$2. Of note, a recently FDA-approved enantiomer, esketamine (Spravato), can retail for \$600-\$800 for a comparable dose with no known advantages over inexpensive IM generic racemic ketamine.

#### **Long-Term Safety Not Established**

But the safety of long-term use of ketamine remains to be established. Three long-term issues have been raised: the so-called ketamine bladder, the appearance of brain lesions in neuroimaging (and accompanying cognitive deficits), and ketamine's addictive potential.

This process has proven successful but has also raised several issues concerning the safety of long-term use of a medication that had previously only been used sporadically as an anesthetic.

Data from ketamine abusers (those using 50-100 times standard antidepressant doses several times a week) show the development of a painful ulcerative cystitis (the "ketamine bladder") as well as brain lesions that likely represent cell death and are accompanied by cognitive impairment. And since

ketamine is a drug with known abuse potential, the possibility of developing an addiction needs to be constantly monitored.

Although data from non-addicted populations (for example, those using low-dose ketamine long-term for chronic pain) does not seem to show severe, detrimental outcomes, the true long-term adverse effects (both physical and psychiatric) of repeated ketamine administration to psychiatric patients at small, sub-anesthetic doses remain unknown. Physicians need to carefully evaluate and frequently discuss with their patients the risks (known and unknown) of this practice, and contrast these risks with its benefits.

Prior to offering ketamine, patients need a thorough psychiatric evaluation. Those with a history of a substance use disorder should be excluded, as well as those with a strong history of psychosis. Clinicians should be especially concerned about those who self-refer and have no ongoing psychiatric care, since these individuals may simply be looking for a recreational experience.

#### **Experience to Date**

In our practice over the past decade, we have given close to 3,000 IM doses to over 150 patients with treatment-resistant depression. About 35-40% of these patients had a significant improvement in their symptoms and currently receive longterm treatment. The frequency of administration varies from once a week to once every six weeks, with very few cases needing more frequent dosing.

Common side effects during the 30- to 40-minute procedure include dizziness, nausea (patients should have nothing by mouth for six hours), and an unpleasant dissociative experience. Nausea can be premedicated with ondansetron. Unpleasant or scary "ketamine highs" can be attenuated giving clonidine 30 minutes before ketamine. Patients are advised not to drive after a treatment and for the remainder of the day.

No patient has developed lower urinary tract symptoms. Occasionally, urinary urgency develops towards the end of a session, but it never persists. In those whom we've measured ketamine concentrations in urine, values found are about 1/100 of the concentration needed to cause apoptosis in in-vitro

bladder cell cultures. In addition, none of our patients has developed cognitive deficits deserving of neuropsychological exploration. We have seen a few cases where addictive behaviors appeared among those already suffering from a substance use disorder that was typically not disclosed during the assessment interview. One case of brief psychosis also occurred in a patient with a history of a psychotic illness.

Ketamine represents the most innovative and promising antidepressant we've seen in decades. For some patients who have previously failed multiple other treatment attempts, it truly represents a life-changing medication.

Across the country, tens of thousands of patients are receiving maintenance ketamine for depression and, to our knowledge, no severe adverse outcomes have been reported.

#### Conclusion

Ketamine represents the most innovative and promising antidepressant we've seen in decades. For some patients who have previously failed multiple other treatment attempts, it truly represents a life-changing medication. For them, the benefits seem to outweigh the risks. Open-ended treatment of these patients seems warranted given their chronic suffering, their poor quality of life and their high risk of suicide without ketamine. It is for the large unmet need in treatment-resistant depression that we should continue to move forward, but with the necessary caution.

#### **Recommended Readings**

Mathew, Sanjay J. and Zarate, Jr., Carlos A. (Eds.). Ketamine for treatment-resistant depression: The first decade of progress. 2016. 10.1007/978-3-319-42925-0.

Yew, David T. Ketamine: Use and Abuse. CRC Press 2015.

Hyde, Stephen J. Ketamine for Depression. Xlibris. 2015.



# **Private School Directory**

### Find quality educational opportunities for the young people in your family

As physicians, you value the importance of education. *St. Louis Metropolitan Medicine* is pleased to share this information about some of the leading private schools in our area.



#### **Forsyth School**

6235 Wydown Blvd.
 St. Louis, MO 63105

314-726-4542 www.ForsythSchool.org

#### Fall Open House: A Taste of Forsyth

Saturday, October 26, 2019
 9:30–11:30 a.m.

#### Winter Early Childhood Open House

Saturday, January 11, 20209:30–11:30 a.m.

Forsyth School is a leading independent, co-educational elementary school for children age 3 through grade 6. Located next door to Washington University and across the street from Forest Park in the Wydown-Forsyth Historic District, Forsyth provides an unforgettable experience on a one-of-a-kind campus with classrooms in six repurposed, historic homes. The challenging and engaging curriculum fosters independence and prepares students to thrive in secondary school and beyond.





#### **New City School**

 5209 Waterman Blvd. St. Louis, MO 63108

> 314-361-6411 www.newcityschool.org

#### **Open House:**

Saturday, November 9 9:00 a.m.-12:00 p.m. Presentations at 9:15 a.m. and 10:15 a.m.

New City School, celebrating its 50th anniversary this year, has a long history of emphasizing social-mindedness, diversity, inclusion and community. It offers a challenging academic program that engages each child's unique strengths in the classroom.



#### **Visitation Academy**

 3020 North Ballas Rd. St. Louis MO 63131 314-625-9103

www.visitationacademy.org

#### **Open House:**

Grade 6 – Grade 12 Sunday, November 3, 12:00-4:00 p.m.

#### **Lower School Open House:**

Age 2 – Grade 5

October 23 January 15 November 13 February 27 Each date 8:30 a.m.-10:30 a.m.

Visitation Academy, an independent Catholic school, empowers students from our coeducational Montessori program for Toddlers-Kindergarten to our all-girls environment in grades 1-12 to "Be who you are and be that well."







PRESENTATIONS: **RSVP ONLINE** (preferred)



age 3 through 6th Grade

5209 Waterman Blvd St. Louis, MO 63104 (314) 361-6411 www.newcityschool.org





# Teaching the Modern Medical Student

By Parth Joshi and Dominic DeMarco

edical education, like all areas of medicine, is rapidly changing. In years past, medical students spent hours sitting in lecture halls and studying endless pages of textbooks in order to keep up with the vast amount of material necessary for a proper medical education. While the volume of content has not changed, the way the modern medical student learns this material has. Today's medical student has more access to information than ever available before, and our generation has come up with novel yet familiar methods of undertaking the immense task of mastering the preclinical curriculum.

Mnemonics are a memory tool that have likely been used throughout the history of medical education, and today's learners have coupled this method with new technology to further increase the yield of this learning style. Mnemonics are a simple, reliable way to compartmentalize rote information into a device that can be easily recalled. Often, the more emotionally striking the mnemonic, the easier it can be remembered. We are sure that almost anyone who has passed through medical school can recall learning "colorful" ways to easily remember important lists of information, such as cranial nerves or the bones of the hand.

One enduring and effective way of developing mnemonics is through the method of loci. This tool has been used as far back as the ancient Greeks, and it relies on imagery rather than verbal cues to quickly recall information. The method of loci, also often referred to as building a "memory palace," is performed by creating a visual image that serves as a memory hook. For example, the most common framework for the method is thinking about a large home with many rooms. In each room, you place a memory hook for whatever you need to remember, and when you want to recall it later, you visualize in your mind the "room" you placed it.

#### **Memory Tools Used Today**

Contemporary use of this technique in medical education is best represented by SketchyMedical, a tool used by students





Dominic DeMarco and Parth *Joshi are third-year students* at Saint Louis University School of Medicine and student members of the Medical Society. They can be reached at dominic.

demarco@health.slu.edu and parth.joshi@health.slu.edu.

across the country. Sketchy is a company that has created a series of videos that draw on complex yet strikingly memorable images and symbols that call upon the method of loci to recall everything from microbiology to pharmacology. These symbols are used longitudinally across videos to further draw on the connections between topics. Examples span simple hooks such as making the walls of the room for a gram-positive bacteria purple and gram-negative ones red, or as complex as having a golden staff capped with an "A" attached to two antibody Fc regions, to help remember the mechanism of one of the S. aureus virulence factors, protein A. The continuity of the method of loci throughout history coupled with the current ubiquity of using Sketchy among medical students is a testament to the power of this method.

In an age where there are more pressures and demands on students than ever before, it is imperative that we embrace these tools as a way to further work towards the goal of creating the best students possible for future clinical practice.

Another widely used technique, albeit a much more recently developed one, is spaced repetition software. Spaced repetition is a method of learning that relies on the psychological spacing effect to aid memory retention. The basic idea of this method is to use flashcards with important facts and studying them at increasingly longer intervals as dictated by the software, but prioritizing newer facts over older ones. A typical study period will start with studying a card with a fact, then the program sets it up for you to see it one day later. If you know that fact the next day, it will be shown three days later. If not, you have to repeat it again in 10 minutes, and then if you can correctly recall the fact, you see it the following day. Over time, wellknown material gets pushed further and further into the future, while more difficult facts are repeated indefinitely until the information is memorized.

There are many free programs that use this spaced repetition technique, but the one used by the vast majority of medical students is called Anki. The word "Anki" means "memorization" in Japanese, and even though the program was originally designed for learning a language, it is now used in many different applications. Among the most popular examples of its

use are the Jeopardy champions Rodger Craig and Arthur Chu. Each of them credit Anki as a key component to their success. In the setting of medical school, online collaboration among many students has resulted in Anki flashcard decks exceeding 30,000 cards that serve as a supplement to their learning.

#### **On-Demand Services**

Students can now also use on-demand lecture services like Boards & Beyond or Pathoma to further supplement their learning. Both services provide lectures ranging from 5 to 40 minutes long that cover topics in physiology and pathology and are being frequently used by students as supplements to in-class materials. Via the internet, students have also created spaced repetition-based Anki decks as study aids for these resources which can be shared freely with medical students across the country and globe. This allows for a study combination in which a student can watch a lecture and immediately study the material using spaced repetition for maximum retention.

These tools described above are merely a few ways that medical students are working to learn and retain material as efficiently as possible. In an age where there are more pressures and demands on students than ever before, it is imperative that we embrace these tools as a way to further work towards the goal of creating the best students possible for future clinical practice.

Fundamentally, pure factual knowledge alone is not enough to make a good physician, but an inevitable component of medicine is reliance on a framework of information on which to call when making diagnoses, treating diseases and ultimately caring patients. These tools are by no means a replacement for the status quo aspects of traditional medical education, but instead should be welcomed as a supplement to it.

As medical students, we are always striving to be the best versions of ourselves, doing whatever we can to learn more and better ourselves for the sake of our future patients.

# **SLMMS Supports Science Fair**

Congratulations to the following high school and middle school students who earned top honors in the Health and Medicine category of the 2019 Greater St. Louis Science Fair. Each received an award from the Medical Society's charitable arm, the St. Louis Society for Medical and Scientific Education. Thanks also to the volunteer judges who served: SLMMS members Ali Etemady-Deylamy, MD; and Alan P.K. Wild, MD; SLMMS Executive Assistant Liz Webb and Executive Vice President Dave Nowak: and medical students Taylor Cogsil, Andrew Diaz, Kyler Douglas, Emily Johnson, Katarina Lopez, Monica Ou and Kara Rognrud.

#### **HONORS DIVISION (GRADE 12)**

#### Patricia Vushaj

Cor Jesu Academy

Denaturing Gluten and the Effect on Celiac Disease

#### **GRADE 11**

#### **Mary Kilcullen and Mallory Kimes**

St. Joseph's Academy

The Effect of Phone Brightness on Sleep



Medical Society judges, from left, Monica Ou; Liz Webb; Eli Etemady-Deylamy, DO; Katarina Lopez; Kara Rognrud; Andrew Diaz; Kyler Douglas; and Alan P.K. Wild, MD.

#### **HONORS DIVISION (GRADE 10)**

#### Rucha Kelkar

Clayton High School

E-Cigarette Usage in Young Adults and Teens

#### **GRADE 10**

#### **Sarah Hughes**

St. Joseph's Academy

The Effect of Banana Ripeness on Glucose Levels in Musa Acuminate

#### **GRADE 9**

#### Minana Mallory and Libby Kreikemeier

St. Joseph's Academy

Drink your Way to Disease: The Effect of Alcohol on Liver Enzyme Catalyse



Honors Division Grade 12 winner Patricia Vushaj.

#### **GRADE 8**

#### **Abigail Schwarb**

St. Austin School

Prosthetic Hand Articulation

#### **GRADE 7**

#### **Audrey Wolff**

Green Park Lutheran School Hole-y Molar!

#### **GRADE 6**

#### **Hannah Wolkowitz**

Parkway Central Middle School
Which Moisturizer Works the Best:
Burt's Bees Honey & Grapeseed Hand
Cream, Studio 35 Advanced Therapy
Dry Skin Ointment, Vaseline, or Cetaphil?



This holiday season, please join the Alliance in supporting the AMA Foundation and Missouri State Medical Foundation with its annual Holiday Sharing Card project. Donors to the annual appeal are listed in the electronic holiday sharing cards and in the December issue of *St. Louis Metropolitan Medicine* and *Missouri Medicine*. Help support the foundations that work to strengthen the patient-physician relationship and improve the health of our communities.

Please complete this form and return it with your check payable to the **AMA Foundation** or the **MSM Foundation** by November 10 to:

Gill Waltman 35 Frontenac Estates Dr. St. Louis, MO 63131

For further information, gillian.waltman@gmail.com

#### YES, I WOULD LIKE TO CONTRIBUTE TO THE HOLIDAY SHARING CARD

Address			City, State, Zip				
Email							
Amount Enclosed:	□ \$50	□ \$75	□ \$100	□ \$150	□ \$200	□ Other \$	
Please direct your do	nation to one	e of the follow	ving funds:				
☐ AMA Foundation							

#### Statement of Ownership, Management and Circulation (USPS Form 3526)

1.	Publication Title: St. Louis Metropolitan Medicine
2.	Publication No.: 006-522
3.	Date of filing: September 30, 2019
4.	Issue Frequency: Bi-Monthly
5.	No. of issues published annually: 6
6.	Annual subscription price: \$10-Members; \$45-Nonmembers
7.	Complete mailing address of known office of publication:
	St. Louis Metropolitan Medical Society, 1023 Executive Parkway, Suite 16, St. Louis, MO 63141
	Contact person: James Braibish, (314) 786-5473
8.	Complete mailing address of the headquarters or general business office of the publisher:
	St. Louis Metropolitan Medical Society, 1023 Executive Parkway, Suite 16, St. Louis, MO 63141
9.	Full names and complete mailing addresses of publisher, editor, and managing editor:
	Publisher: St. Louis Metropolitan Medical Society
	1023 Executive Parkway, Suite 16, St. Louis, MO 63141

- Full names and complete mailing addresses of publisher, editor, and managing editor:
   Publisher: St. Louis Metropolitan Medical Society
   1023 Executive Parkway, Suite 16, St. Louis, M0 63141
   Editor, David M. Nowak, 1023 Executive Parkway, Suite 16, St. Louis, M0 63141
   Managing Editor, James Braibish, 1023 Executive Parkway, Suite 16, St. Louis, M0 63141

   Owner: St. Louis Metropolitan Medical Society,
   1023 Executive Parkway, Suite 16, St. Louis, M0 63141
   Known hondholders, mortgages, and other security holders owning or holding.
- 11. Known bondholders, mortgagees, and other security holders owning or holding 1 percent or more of the total amount of bonds, mortgages, or other securities: None
- 12. Tax Status: Has not changed during the preceding 12 months
- 13. Publication title: St. Louis Metropolitan Medicine
- 14. Issue date for circulation data: August/September 2019

15.	Extent and nature of circulation	Average No. Copies Each Issue During	No. Copies of Single Issue Published
		Preceding 12 Months	Nearest Filing Date

a.	Total no. copies (net press run)	1,575	1,528
Э.	Paid circulation		
	(1) Mailed outside-county paid subscriptions	120	120
	(2) Mailed in-county paid subscriptions	998	967
	(3) Paid distribution outside the mails including sales through	0	0
	dealers and carriers, street vendors, counter sales, other		
	(4) Paid distribution by other classes of mail through USPS	0	0
	Total paid distribution (sum of 15b(l), (21, (3) and (4))	1,118	1,087
l.	Free or nominal rate distribution		
	(1) Outside-county	66	63
	(2) In-county	80	80
	(3) Mailed at other classes through USPS	28	18
	(4) Distribution outside the mail	26	30
2.	Total free or nominal rate distribution	200	191
	Total distribution (sum of 15c and 15e)	1,318	1,278
J.	Copies not distributed	257	250
١.	Total (sum of 15f and 15g)	1,575	1,528
	Percent Paid (15c divided by 15f times 100)	85%	85%

- 16. Paid electronic copies: 0
- 17. This information is printed in the October/November 2019 issue
- 18. I certify that all information furnished on this form is true and complete. David M. Nowak, Editor.

#### Maurice J. Lonsway, Jr., MD



Maurice J. Lonsway, Jr., MD, a pediatrician, died June 20, 2019, at the age of 94.

Born in St. Louis, Dr. Lonsway received his undergraduate and medical degrees from Washington University. He completed his

internship at St. Louis City Hospital followed by additional training at St. Louis Children's Hospital and Boston Children's Hospital. Dr. Lonsway served in the U.S. Army from 1943-1945. Following his medical training, he joined his father's practice at the Children's Clinic and was on staff at St. Louis Children's Hospital, where he served as the medical staff president twice. He was also on the staff at SSM Health St. Mary's Hospital, St. Luke's Hospital and Mercy Hospital. He served twice as president of the St. Louis Pediatric Society. He received the St. Louis Children's Hospital Distinguished Service Award in 1993. A lifelong naturalist and tree farmer, he also founded and was the first president of the Missouri Prairie Foundation. Dr. Lonsway joined the St. Louis Metropolitan Medical Society in 1958.

SLMMS extends its condolences to his wife Ernesta Monti O'Mara; his children: Maurice J. Lonsway III, Mary Scott, Anthony Lonsway, Charlotte Fuller and Lucy Burke; and his 16 grandchildren and one great-grandchild. -

#### Miles C. Whitener, MD



Miles C. Whitener, MD, an internist, died June 26, 2019, at the age of 89.

Born in St. Louis, Dr. Whitener obtained his undergraduate degrees from Central Methodist College and the University of

Missouri-Columbia, and his medical degree from Washington University. He completed his internship and residency at St. Luke's Hospital. Dr. Whitener served on active duty in the U.S. Navy as a lieutenant from 1956-58. He returned to St. Louis to private practice. He was on the staff of St. Luke's Hospital and Missouri Baptist Medical Center, where he also served as vice president of medical affairs until his retirement. He served as president of former St. Louis County Medical Society in 1970. Dr. Paul Whitener, his father, also served as president of the county society in 1949, and the Whiteners were one of several father-son pairs to lead the organization. Dr. Whitener joined the St. Louis Metropolitan Medical Society in 1960.

SLMMS extends its condolences to his wife, Laura Whitener: and his children: Laura Whitener, Lynn Trzynka and Elaine Hammer. -

#### Craig E. Aubuchon, MD



Craig E. Aubuchon, MD, an orthopedic surgeon with a subspecialty in foot and ankle surgery, died in an automobile accident in Grand Teton National Park on July 16, 2019, at the age of 64.

Born in Perryville, Mo., Dr. Aubuchon received his undergraduate degree from Saint Louis University and his medical degree from the Medical College of Ohio-Toledo. He completed his residency at Southern Illinois University, internship at St. John's Mercy Medical Center and a fellowship at the Wagner Institute for Foot and Ankle Orthopedics in Los Angeles, Calif. Dr. Aubuchon practiced with Signature Orthopedics-West County. He was on staff at Mercy Hospital St. Louis, Missouri Baptist Medical Center, SSM Health St. Mary's Hospital and SSM Health DePaul Hospital. Dr. Aubuchon joined the St. Louis Metropolitan Medical Society in 1986.

SLMMS extends its condolences to wife, Karen Pohl Aubuchon; his children: Jason Aubuchon, Brian Aubuchon, Kathryn Aubuchon and Stephen Aubuchon; and his two grandchildren. -

#### John R. Hogan, MD



John R. Hogan, MD, an internist, died July 31, 2019, at the age of 85.

Born in St. Louis, Dr. Hogan received his undergraduate and medical degrees from Saint Louis University. He completed his internship

at St. Louis City Hospital followed by a residency with the John Cochran Veterans Hospital. Dr. Hogan served in the U.S. Army Medical Corps in Vietnam from 1968-1970. He was in private practice for 36 years and was on staff at SSM Health St. Mary's Hospital and SSM Health Saint Louis University Hospital. He also served on the faculty at Saint Louis University School of Medicine. Dr. Hogan joined the St. Louis Metropolitan Medical Society in 1962.

SLMMS extends its condolences to his wife, Rose Gioia Hogan; his children, Thomas Hogan, Mary Hogan, Kathleen Guillemette, Joan Romeo and Michael Hogan; and his 11 grandchildren. -

#### PARTING SHOTS

# The Opioid Crisis: A Modern-Day Hydra

By Richard J. Gimpelson, MD

The mythological Hydra was an evil nine-headed serpent (some stories have a different number of heads than mine does) with the capacity to grow two heads where one was cut off. Hercules killed the serpent by cauterizing the necks as he cut off the heads.

My Hydra has 10 heads and is not mythological. The following list is not in order of importance as every head is important and needs a Herculean resolution to destroy the opioid crisis. To decapitate these heads, we need education, support and rehabilitation. Actually, decapitation would be a reasonable approach for the dealers.

- Dealers
- Pharmaceutical corporations
- Insurance corporations
- Government (federal, state and local)
- Attorneys (defense and prosecuting)
- Hospitals
- Rehabilitation centers
- Pharmacies
- Physicians
- Patients

My list is long and some recommendations may also be long. I will address the opioid crisis over the next several issues of *St. Louis Metropolitan Medicine*. Hopefully, this will keep everyone coming back for the next episode like the Saturday movie serials from many of our younger days. In addition, it should be job security for me as I will be able to keep "Parting Shots" going for several more issues.

Before I begin to suggest solutions for the opioid crisis, I want to relate a true story that happened here in the St. Louis metropolitan area when I was early in my practice 40 or so years ago, which demonstrates that the opioid crisis is not new.



Richard J. Gimpelson, MD, is a retired gynecological surgeon and past SLMMS president. He shares his opinions here to stimulate thought and discussion, but these do not necessarily represent the opinion of the Medical Society. Your comments on this column

are most welcome and may be sent to editor@slmms.org.

There was an ob-gyn physician who did most of the infant home deliveries in our area. Apparently, he had a very lucrative side business in pain management. I suspect that his pain management practice was much more financially rewarding than his home deliveries. He was arrested when it was discovered that he prescribed more Dilaudid than the entire Barnes Hospital cancer treatment facilities.

I do not believe that he was even incarcerated for being a drug dealer. Nor did he even lose his license to practice medicine in Missouri. There was a huge outcry from the home delivery advocates, who claimed they would not be able to have a physician attend their home deliveries. The physician's punishment involved suspension of his DEA license. I imagine that he had to eliminate some of life's luxuries, but this was hardly significant punishment for his drug dealing. There is no doubt that this physician should have been considered a despicable drug dealer, who maintained a loyal following of drug dependent addicts. In my opinion, he should have lost his license to practice medicine and served some time in the slammer.

Thus, my first head to decapitate is the dealers. There should be a show-no-mercy attitude toward the dealers. President Trump has raised the issue of fentanyl (100 times more powerful than morphine) as an export from the People's Republic of China. Fentanyl may be the cause of over 50% of opioid deaths. Hopefully, Congress will support the president on this horrendous problem. I do not think that President Trump will just put a tariff on Chinese fentanyl. In all seriousness, Chinese fentanyl should require a complete and permanent embargo.

In my opinion, the "Dealer Head" is the most obvious one to attack and deserving of the harshest punishment. The other nine heads will require more versatile and multiple opinions for application of the "management guillotine."

I welcome comments and opinions from those of you with more experience than I have in dealing with the opioid crisis. In fact, I also welcome comments and opinions from those of you with less or no experience in dealing with the opioid crisis.

Stay tuned to the next *Parting Shots* to find out how we can eliminate two or more heads of the opioid crisis. I give permission for all concerned parties to adopt my recommendations for decapitation of this modern-day Hydra.

#### Thank you for your investment in advocacy, education, networking and community service for medicine.

#### Lora P. Collier, MD

13001 N. Outer Forty Rd., #320, 63017-5941 MD, Washington University, 2006 Born 1980, Licensed 2009 Active Certified: Pediatrics

#### Judit A. Farkas, MD

1035 Bellevue Ave., #400, 63117-1854
MD, Semmelweis Medical Univ, Hungary, 2012
Born 1988, Licensed 2017 — Active
Internal Medicine

#### Andrea L. Garrett, MD

12855 N. Outer Forty Dr., #180, 63141-8657 MD, University of Missouri-Columbia, 2003 Born 1977, Licensed 2009 Active Certified: Dermatology

#### Delsie B. Gavali, MD

916 Salem Way, 63021-4763
MD, Christian Medical College, India, 1960
Born 1935, Licensed 2017 Active
Certified: Psychology

#### Michael J. Hesseler, MD

1015 Grupp Rd., #31159, 63131-5007 MD, University of Texas-San Antonio, 2013 Born 1987, Licensed 2019 — Active Dermatology

#### Terrence F. Holekamp, MD

621 S. New Ballas Rd., #297A, 63141-8200 MD, Washington University, 2008 Born 1976, Licensed 2013 — Active Certified: Neurologic Surgery

#### Richard G. Ihnat, MD

1035 Bellevue Ave., #400, 63117-1854 MD, Yale University, 1991 Born 1965, Licensed 1994 — Active Certified: Internal Medicine

#### Mark S. Krasnoff, MD

1035 Bellevue Ave., #400, 63117-1854 MD, Johns Hopkins University, 1991 Born 1965, Licensed 1998 — Active Certified: Internal Medicine

#### Katy Liu, MD

8104 Roxburgh Dr., Apt. 2E, 63105-2431 MD, University of Iowa, 2015 Born 1983, Licensed 2015 Active Certified: Family Practice

#### Jennifer M. Moore, MD

1035 Bellevue Ave., #400, 63117-1854 MD, University of Missouri-Columbia, 2013 Born 1983, Licensed 2013 — Active Certified: Internal Medicine

#### Ryan L. Neff, MD

621 S. New Ballas Rd., #7011B, 63141-8275 MD, Jefferson Medical College, 2001 Born 1975, Licensed 2008 Active Certified: Surgery

#### Randall S. Sterkel, MD

13001 N. Outer Forty Rd., #320, 63017-5941 MD, Washington University, 1993 Born 1967, Licensed 1996 Active Certified: Pediatrics

#### Angela R. Stewart, MD

359 Consort Drive, 63011-4439
MD, University of Missouri-Columbia, 1988
Born 1962, Licensed 1992 — Active
Certified: Anesthesiology

#### **Todd J. Stewart, MD**

3009 N. Ballas Rd., #269C, 63131-2339 MD, Washington University, 1995 Born 1968, Licensed 2000 — Active Certified: Neurologic Surgery

#### Bryan D. Warner, MD

1032 S. Brentwood Blvd., #516, 63117-1205 MD, Loyola University Chicago, 1987 Born 1961, Licensed 2019 — Active Family Practice

#### Jonathan K. Yoon, MD

9701 Landmark Pkwy Dr., #201, 63127-1665 MD, Saint Louis University, 2013 Born 1986, Licensed 2018 Active Otolaryngology

#### **WELCOME STUDENT MEMBERS**

#### **Washington University School of Medicine**

Reyan Coskun Brooke V. Higgins Emma R. Payne Marina Perez-Plazola Caroline E. Scott Sukruth A. Shashikumar

### Toniya Singh, MD, Chairs National Women in Cardiology Council



Dr. Toniya Singh

SLMMS member Toniya Singh, MD, FACC, has been named chair of the Women in Cardiology Council of the American College of Cardiology (ACC). Her three-year appointment as chair runs through 2022; she was initially appointed to the council in 2017.

The council's mission is to enhance the careers of women cardiologists through the creation of professional development, mentoring and networking programs and through the promotion of leadership opportunities within the ACC. Dr. Singh is a managing partner with St. Louis Heart and Vascular, and has been a member of SLMMS since 2014.

# Robert W. Wilmott, MD, Appointed Medical School Dean at Saint Louis University



Dr. Robert W. Wilmott

Medical Society member Robert W. Wilmott, MD, has been appointed vice president for medical affairs and dean of Saint Louis University School of Medicine. His term will run until Dec. 31, 2021.

Dr. Wilmott has been serving as acting dean and vice president for medical affairs since January

2019. He has served in leadership positions at SLU since 2001, including 17 years as chair of the Department of Pediatrics. He is a graduate of the University of London Medical School. He holds certifications in pediatric pulmonology and pediatrics from the American Board of Pediatrics.

