

## Special Events

**December 1, 2011** 6:30pm - 7:45pm  
**Evening with an Eating Disorders Expert: The Application of Dialectical Behavior Therapy to Eating Disorders**  
 Presenter: **Sarah Lavanier, PsyD**  
 Lindner Center of HOPE Gymnasium  
 Contact: Scott K. Bullock at 513-536-0722 or scott.bullock@lindnercenter.org for details.  
 RSVP is not required.

**December 2, 2011** 8:00am - 9:30am  
**Chamber of Commerce Health Series: Holiday Stress and Your Employees**  
 Presented by: **Robin Arthur, PsyD**  
 Cost: \$35 members, \$40 non-members (includes continental breakfast)  
 Recommended for: HR professionals, company leaders and executives  
 To register, visit [cincinnati.chamber.com/events/](http://cincinnati.chamber.com/events/)

**December 2, 2011**  
**Chris Tuell, EdD, LPCC-S, LICDC Columbus Bar Association: The Internet, Social media and Lawyer Professionalism.** This is the first time the Supreme Court has approved CLEs on the topic of internet addiction. Register:  
 Online: [www.cbalaw.org/cle](http://www.cbalaw.org/cle)  
 Fax: 614.340.2081  
 Mail: Columbus Bar Association  
 175 S Third St, Ste 1100  
 Columbus, OH 43215  
 Phone: 614.221.4112

**December 6, 2011** 5:30pm - 7:30pm  
**Holiday Open House**  
 Lindner Center of HOPE Gymnasium;  
**Brett Dowdy, PsyD** presents on Motivational Interviewing at 6:00-6:45pm  
 RSVP by Dec. 2nd: Pricila Gran at [pricila.gran@lindnercenter.org](mailto:pricila.gran@lindnercenter.org) or 513-536-0318

**December 9, 2011**  
**Dr. Paul E. Keck, Jr.** is keynote speaker at Milestones Ranch, Malibu, CA during their holiday luncheon to benefit Free Arts for Abused Children.

**Interested in touring Lindner Center of HOPE?**  
 Contact Terri Ann Fredette at 513-536-0328 or Katie Hamm at 513-536-0324.

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## Seasonal Affective Disorder hits nearly six out of 100 people

Winter depression, or more commonly known as Seasonal Affective Disorder (SAD) is episodes of depression that occur at a certain time of the year. The disorder may begin during the teen years or in early adulthood and like other forms of depression, it occurs more often in women than in men. Research also shows it is more common for those living in areas where winter days are very short.

A study published in the Archives of General Psychiatry cites researchers from the University of Toronto, who performed brain scans on 88 healthy people over the course of a year. The scans showed that the serotonin system fluctuates in activity based on the season. The lowest levels of activity tend to be in the fall and winter, suggesting that less serotonin circulates in the brain during the darker, colder time of the year. The researchers believe that the serotonin levels may help explain why people have a change in mood and behavior during the darker seasons.



According to **Dr. John Hawkins**, Chief of Psychiatry and Deputy Chief of Research for Lindner Center of HOPE, "Many people develop cabin fever during the winter months. Individuals may find themselves eating more or

sleeping more when the temperature drops and days offer less light." If clinicians hear these reactions from their patients know that they can be common issues relating to the change in season. However, people with SAD experience a much more serious reaction when summer shifts to fall and on to winter, he says. "Those at risk may have feelings of depression, lethargy, fatigue and other problems. If the symptoms are severely impairing daily life, they should be taken seriously and professional help should be considered."

### COMMON SYMPTOMS:

- Change in appetite
- Weight gain
- Fatigue, tendency to oversleep
- Irritability and avoidance of social situations.

### TIPS TO HELP YOUR PATIENTS:

- Exercise and eat well
- Let light in through windows
- Participate in stress management classes
- Seek the help of a clinician if symptoms persist

## HOT TOPIC

### Do we need to rethink how we diagnosis and treat mental illness? Should we change the emphasis to make sure that the worst outcomes don't happen?

In a *Psychiatric News* article, reporter Mark Moran discussed the Frontiers of Science Lecture given by Dr. Thomas Insel at the annual 2011 APA meeting. Dr. Insel is Director of the National Institute of Mental Health and spoke of emerging concepts of mental illness as disorders of brain circuits caused by developmental processes. One of the findings that came out of the Human Genome Project indicated that psychiatric disorders appear to be the result of extremely rare, but highly penetrant genetic variations. "In general, for brain disorders, behavior and cognition are the last to change," Insel said. "If mental illnesses are brain disorders and are developmental, and if we only allow ourselves to base our diagnoses and treatments on manifest signs and symptoms, it means we are getting into the game in the ninth inning."



**Paul E. Keck, Jr., MD**  
Lindner Center of HOPE,  
President and CEO  
University of Cincinnati College  
of Medicine, The Craig and  
Frances Lindner Professor of  
Psychiatry and Neuroscience  
and Executive Vice Chairman of  
the Department of Psychiatry

#### Dr. Paul E. Keck, Jr.'s comments:

As Dr. Insel says, psychiatric research today promises to produce a true science of the brain based on three core principles: mental disorders are brain disorders; mental disorders are developmental disorders and mental disorders result from complex genetic risk plus experiential factors.

It is true that what we see today is a clearer picture of mental illness from genes to cells based on a patient's unique genetic variation. Our challenge will be to continue to understand the complexities of the brain, and use genetic risk factors to help us identify who is at highest risk. If we are able to do that, if we get into the game in the first inning, rather than the ninth inning, then we have a better opportunity to change outcomes. If we change our emphasis to early detection and prevention—and if we can do that through gene cell studies and examining risk factors, then we're getting into the game early on. To intervene at the beginning

stage or to have a better understanding of what a person might be up against, allows individuals, families and providers to develop a game plan, thus resulting in prevention of major crises and acute episodes of illness. As Dr. Insel says, "Once that happens, we will be in a different world."

The Research Institute at Lindner Center of HOPE is a participating site for the Mayo Clinic Individualized Medicine Biobank for Bipolar Disorder. Researchers at this multi-site endeavor will utilize data as a resource for many studies. Information gathered for the Biobank can offer new information which can lead to new discoveries in treatment for those with bipolar disorder.

To learn more about the Research Institute studies, individuals can call Jessica McCoy at 513.536-0704 or email at [Jessica.mccoy@lindnercenter.org](mailto:Jessica.mccoy@lindnercenter.org)

## In Memoriam

### Lindner Center of HOPE Board Member Is Remembered for Tireless Dedication to the Field of Mental Health

**Dr. Stanley Kaplan**, a Lindner Center of HOPE board member and one of the region's most prominent supporters of mental health passed away on Thursday, November 10. Dr. Kaplan was honored as a Great Living Cincinnati in 2007 and was applauded for the almost 60 years he spent at the University of Cincinnati's Department of Psychiatry & Behavioral Neuroscience and the College of Medicine.

During his career at UC, he was involved not only in patient care and teaching but also in research. He had multiple published articles on psychiatry and studies in psychosomatic medicine.

"As a board member, Dr. Kaplan served tirelessly and was a champion for integrated mental health services-always exploring ways to enhance treatment and outcomes for those in need of care," said **Dr. Paul E. Keck, Jr.** President and CEO of Lindner Center of HOPE.

"His commitment and contributions to the field of psychiatry will continue to resonate throughout the profession. I will miss him."