**Electronic Medical Records Track ADHD Patients’ Progress Over Time and Across Physicians**

Peter S. Jensen, MD, of the Department of Psychiatry and Psychology at Mayo Clinic in Rochester, Minnesota, combines use of an ADHD rating scale and Mayo Clinic’s electronic medical record (EMR) to track the progress of children diagnosed as having ADHD over time and across health care providers. “The ADHD rating scale and side effects measures assess key aspects of the child’s progress when used with consistency. The EMR pushes physicians to use the rating scale consistently and allows us to record its results, as completed by teachers and families, to track symptoms and progress over time,” says Dr Jensen.

The combination of the rating scale and the EMR creates a reliable tracking process that is also a safeguard for both patients and physicians. “Pediatric patients’ needs change as they age,” says Dr Jensen. “The EMR, coupled with rating scales, allows us to note when patients are doing well—and when they are not. We can view a patient’s evolving needs and modify treatment on the basis of a complete record of progress.”

The system also provides information that allows health care providers to reassure the family about the need for medications. “Across the United States, families go through 11 different health care providers on average before they find one that they fully trust to advise them. If families don’t trust medications—a huge issue—they don’t use them. The markers and double-checks in the EMR provide information that allows physicians to help reassure the family that they’re making an informed choice,” says Dr Jensen.

The rating scale in the EMR includes questions that help health care providers rule out abuse and vision problems for patients. “Research shows that we can have 95% diagnostic accuracy if we use this type of system properly,” says Dr Jensen.

The Division of Child and Adolescent Psychiatry and Psychology makes an effort to engage families fully in the health care process. “Input from the patient, family, and teachers is crucial,” says Dr Jensen. “Not just parents, but even kids can become experts at recognizing the symptoms, particularly as they grow older. The EMR tracking procedures become critical teaching and communication tools in that process.”

**Learning by Doing**

For pediatricians, family medicine physicians, child psychiatrists, and psychologists (especially those trained long ago), incorporation of these kinds of assessment and treatment tools involves a learning process.

“In other areas of medicine, physicians learn by hands-on practice. They don’t learn surgery by viewing slide shows. We are changing the way we are learning in our division and our continuing education courses. Training includes role playing, feedback from specialists, and 6 months of coaching with 8 to 10 physicians on weekly conference calls. Participants earn up to 30 hours of continuing medical education credits. More than 600 health care providers have completed the program.”
A new hospital outpatient program at Mayo Clinic in Rochester, Minnesota, combines behavioral activation and interpersonal social rhythm therapy (IPSRT) to help patients with bipolar disorder or major depression. "This hospital outpatient program meets the needs of patients who do not meet an acuity standard for admission to the mood disorder unit but clearly need more assistance than standard outpatient treatment provides," says Kristin S. Vickers Douglas, PhD, ABPP, LP, director of the outpatient program.

**Behavioral Activation**
Depression often increases isolation, passivity, and activity avoidance. Depressed patients may spend excessive time alone going over the causes and consequences of their current symptoms and situation. Ruminative coping has been shown to make negative mood episodes longer and more severe.

Behavioral activation, an evidence-based treatment, addresses the inertia that is common with depression. It redirects patients away from unproductive rumination toward activities more likely to provide positive reinforcement, such as activity planning, personally relevant task completion, and physical exercise.

Behavioral activation strategies are introduced and rehearsed in the hospital outpatient program. When patients actively engage in structuring their time and activity and experience positive reinforcement for doing so, they become more motivated toward behavioral activation. "This program helps patients gradually adopt, rehearse, and maintain behavioral activation strategies for depression," says Dr. Vickers Douglas.

**Interpersonal Social Rhythm Therapy**
IPSRT combines interpersonal therapy (IPT), an established therapy for unipolar depression, and social rhythm therapy. "Many of our patients are learning relationship coping skills for the first time," says Dr. Vickers Douglas. "Social rhythm therapy focuses on the stabilization of daily rhythms such as sleep, wake, and meal times. A consistent routine allows for better mood management." A recent research study of IPSRT found that bipolar patients and mood patients in general benefit from managing their sleep, diet, and exercise in conjunction with their mood disorder medications.

Other components of the hospital outpatient program include counseling for interpersonal issues and the practice of mindfulness, a technique that enhances awareness and encourages openness to new information, such as problem-solving skills. Mindfulness, taught through educational instruction and therapeutic exercises, may also be used to reduce stress and anxiety. "The goal is to provide patients tools they can use to improve both their mental health and general well-being," says Dr. Vickers Douglas. According to Dr. Vickers Douglas, the innovative programming is "extremely applicable to life outside inpatient/outpatient care. Patients really can ‘live’ the program and they will have the skills and confidence to do so."

**Program Goals**
Behavioral activation is not a new concept; although there has recently been increased research support for this psychotherapy, few other institutions offer IPSRT. Mark A. Frye, MD, director of the Integrated Mood Group in the Department of Psychiatry and Psychology, says, "We considered how we could best structure this program. Brief, interactive sessions with goals patients can achieve while they’re here are proving effective. Patients cannot just spend their time storing information to use when they return home."

The hospital outpatient program treats people who are leaving an inpatient setting or have just completed a comprehensive evaluation of their mood disorder. It will be integrated into the mood disorder unit, which also includes inpatient and outpatient treatment and the transcranial magnetic stimulation program, beginning in September 2010. Initially 2 groups of 15 patients per month will participate in the 2-week program. Within the first year, 200 patients are expected to participate.

"The hospital outpatient program requires patients to be actively engaged in daily treatment. It looks at interpersonal concerns and includes any additional outpatient therapy they may need," says Dr. Vickers Douglas. "This program is especially helpful for patients whose condition is resistant to treatment and patients with chronic problems, providing new tools to help manage bipolar disorder or major depression."
Research Highlights


Gundle K, Dingel M, Koenig BA. To prove this is the industry's best hope: big tobacco's support of research on the genetics of nicotine addiction. *Addiction* 2010 (in press).


Psychiatric Genomics: Applications for Clinical Practice
August 9-13, 2010, Mayo Clinic, Rochester, MN

Acute Care Psychiatry Clinical Review
October 21-23, 2010, Palace Hotel, San Francisco, CA

5th Annual Psychiatric Pharmacogenics
February 6-8, 2011, Kohala Coast, Island of Hawaii

To Register
For more information about psychiatry- and psychology-related educational opportunities, including registration details, call 800-323-2688 or e-mail cme@mayo.edu.

Grant Awarded
Major Grant for Alcohol Addiction Studies and National Board Appointment

David A. Mrazek, MD, chair of the Department of Psychiatry and Psychology at Mayo Clinic in Rochester, Minnesota, recently received a $2.5 million grant from the National Institutes of Health to serve as program director of the Mayo Clinic Center for Alcohol Addiction. The center will conduct pharmacogenomic and imaging studies designed to improve understanding of the response of patients to pharmacologic treatment of alcohol addiction.

The grant was a part of the American Recovery and Reinvestment Act and is intended to develop and implement critical research, stimulate future growth, and advance public health and health care delivery.

Dr Mrazek became the chair of the Board of the American Board of Psychiatry and Neurology in January of this year. The ABPN is a not-for-profit corporation dedicated to serving the public interest and the professions of psychiatry and neurology by promoting excellence in practice through certification and maintenance of certification processes.