Welcome to the second issue of *Psychademic!* While continuing with our goal of **enhancement as physicians and medical professionals to improve quality of patient care** we would also like to highlight new additions to the program this year. Thank you and we hope you enjoy.

**Transition From Resident To Attending**  
*By Irene Pastis M.D.*

The transition from resident to attending is not as easy as it sounds. The culmination of five years of training, hard work, long shifts, and attending feedback does provide guidance through the process. It is a great feeling to transition to an attending. Finally I feel that my stress level is below 5 out of 10. As an ECU resident I was constantly running 9 to 10 at baseline. Stressors from my patient wellbeing, endless notes, posters, conferences, lectures, PRIE, ITE, to fear of failing rotations or doing something stupid to get kicked out of residency. My God! Life is so much less stressful now! There is still a lot of work involved in seeing patients, following up on lab results, creating and giving lectures, and always studying. However, it's a happier stress. I'm excited to go to work see my patients, other faculty, and clinic staff. Most importantly I am still learning every day so that I can better treat my patients and pass some of that knowledge to the residents and med students.

As a resident it was a goal in each rotation to learn and take good care of patients. Asking for feedback halfway through the rotation to correct and take note of mistakes, has also helped in transition.

In regard to the stressors of residency, remember keeping a balanced personal life is also important. You need to find time to do the things you enjoy, reduce your sleep deficits, and have time to recharge so that you can go back and take care of your patients without feeling burned out. Keeping a planner and making sure you're not forgetting birthdays or bills is one of the ways I am able to keep track of everything.

Staying humble is key. No matter how far you get in your training always stay humble. There will always be someone more senior, more knowledgeable and more experienced. There is always more to learn.

Don't forget your goal. We're excited to come to work every day to help others. We're here to help others and get them functional again so they can lead full lives.

*Dr. Pastis* is one of the newest attending additions this year. She was previously a Medicine-Psychiatry resident here at Vidant and chief resident prior to starting her role as Clinical Assistant Professor. Prior to residency she graduated cum laude from University of Maryland Baltimore followed by St. George University for medical school.
Welcome Dr. Kalyan Muppavarapu, our newest attending psychiatrist! Dr. Muppa trained in India for medical school. He completed a Masters of public health from Missouri State University. For residency he was trained in Psychiatry as well as fellowship in Sleep Medicine, at the University of Oklahoma. His favorite part of psychiatry is the combination of psychotherapy with pharmacotherapy.

In his spare time, Dr. Muppa enjoys spending time with family and friends, watching cricket, hockey, and football. His favorite part of the program so far is the team that he gets to work with. We look forward to getting to know Dr. Muppa in the upcoming years!

Faculty Spotlight

Some of the reasons Dr. Muppavarapu chose to come to ECU are “the wonderful group, scope for diversity in practice, as well as family in North Carolina.”

“it's been a pleasure to work with Dr. Muppa, I'm positive he will be a great resource to the program.”

Resident of the Month

Jeeven Singh Padda, PGY-3, is our resident of the month this November! Some of the things that were said about Dr. Padda highlight his positive attitude, his willingness to step up and help out colleagues, and flexibility when it comes to scheduling changes. He has gone above and beyond in mentoring lower level residents and offering practical advice in navigating early residency. Also, you may recall that Dr. Padda was highlighted in our previous issue, as he was part of the team winning the poster competition at NCPA this year. In addition to excelling in academics, research, and leadership, he enjoys playing soccer, working out, and losing at board games. Dr. Padda aims to pursue a fellowship in addiction medicine after residency at ECU. We value his dedication to the program and wish him the best in his career.

Jeeven Singh Padda, MD
PGY-3
Future plans: pursue a fellowship in addictive medicine.
Grand Rounds

Dr. Lang - December 7th
Narcotic Prescribing

Dr. Foushee - December 21st
Eating Disorders

Dr. Gauss - January 4th

Opportunities to get involved with a resident subcommittee: Technology and Communication, I-Pass, Diversity, Intern Re-orientation, Education & Evaluation, and VIBRANCE.

For more information or resident concerns/new business contact your resident council representatives Dr. Brooks or Dr. Alami

Resident Opportunities

* APA 100% Club for Residency Training Programs
The APA 100% Club was established to encourage residents throughout the United States and Canada to join the APA with fellow trainees in their programs. For the competitive spirits, Wake was 100% past 5 years and is only 80% (brave) residents were APA members 2016-2017

* 2018 Graduate Medical Education Research Day – Call for Oral and Poster Presentation Abstracts: All abstracts must be submitted by February 12, 2018 at 5p to be considered. Topics include: Medical Education Initiatives, Quality Improvement and Patient Safety, Clinical and Basic Science Research, or Case Report with Literature Review

Conference Watch: Local

*Masters Series in Mental Health Childhood Disorders: Path to Violence;
Organized by Mountain Area Health Education Center (MAHEC) held on Jan 17, 2018 at Mountain Area Health Education Center, Asheville. Purpose to review common paths that lead children into violence. Psychosocial, somatic and pharmacologic treatment approaches are compassionately and realistically explored. Potential development of psychopathology, irritability, and psychosis are discussed, as well as environmental and biological links to Adverse Childhood Events and Tarsarc as a clinical obligation.

* Being Resilient and Renewing Your Purpose in Healthcare February 2, 2018
The Education Center at Eastern AHEC Greenville, NC. Three continuing professional development workshops will provide a deeper understanding of the biology of caring for others and the burnout that can result from systemic pressures, as well as provide creative self-care and stress-reduction strategies

Requiring Travel
APA Annual Meeting May 5th-9th 2018 in NYC; Submission for research open until December 14, 2017


* Mayo Clinic presents Psychiatry in Medical Settings 2018 January 25-27, 2018 Sarasota, FL

* Harvard Medical Winter Seminar: A New Prescription in 2018: Exercise and Other Medical and Complementary Ground Breaking Techniques for the Treatment of ADHD, Aggression and Autism Spectrum Disorders February 19-23, 2018

Classifieds

Looking to get a group of 6 to volunteer at the Ronald McDonald home some time in December. If interested please email psychademicECU@gmail.com with Subject “RMCD Volunteer”

If interested in placing an ad please email with subject line “Classifieds”

For any questions or suggestions for the listings please email PsychademicECU@gmail.com subject Business.
**Wellness Tips Of The Month**

How to make exercise a habit

There’s a reason so many New Year’s resolutions to get in shape crash and burn before February. And it’s not that you simply don’t have what it takes. Science shows us that there’s a right way to build habits that last. Follow these steps to make exercise one of them.

1. **Choose activities that make you feel happy and confident:** Choose activities that fit your lifestyle, abilities, taste, and that you enjoy.

2. **Start small and build momentum:** The more ambitious your goal, the more likely you are to fail, feel bad about it, and give up. It’s better to start with easy exercise goals you know you can achieve. As you meet them, you’ll build self-confidence and momentum. Then you can move on to more challenging goals.

3. **Make it automatic with triggers:** Triggers are simply reminders—a time of day, place, or cue—that kick off an automatic reaction. They put your routine on autopilot, so there’s nothing to think about or decide on. The alarm clock goes off and you’re out the door for your walk. You leave work for the day and head straight to the gym. You spot your sneakers right by the bed and you’re up and running. Find ways to build them into your day to make exercise a no-brainer.

4. **Treat yourself:** It’s important to give yourself immediate rewards when you successfully complete a workout or reach a new fitness goal. Choose something you look forward to, but don’t allow yourself to do until after exercise. It can be something as simple as having a hot bath or a favorite cup of coffee.

5. **Set yourself up for success: Schedule it.** Make it easy on yourself. Plan your workouts for the time of day when you’re most awake and energetic. If you’re not a morning person, for example, don’t undermine yourself by planning to exercise before work. **Remove obstacles.** Plan ahead for anything that might get in the way of exercising. Do you tend to run out of time in the morning? Get your workout clothes out the night before so you’re ready to go as soon as you get up. Do you skip your evening workout if you go home first? Keep a gym bag in the car, so you can head out straight from work. **Hold yourself accountable. Commit to another person.** If you’ve got a workout partner waiting, you’re less likely to skip out. Or ask a friend or family member to check in on your progress.
Summary of New Treatments for Tardive Dyskinesia

Tardive dyskinesia is a persistent movement disorder that is an adverse effect associated with the use of antipsychotic medications characterized by repetitive involuntary movements of the jaw, lips and tongue, such as grimacing, sticking out the tongue and smacking the lips. It is estimated that tardive dyskinesia affects more than 500,000 people in the United States. Until recently when patient’s developed symptoms of TD, physicians at few treatment options to manage it. Often resulting in them risking the psychiatric stability of the patient by lowering the dose or switching antipsychotic medication. However, recently the US Food and Drug Administration has approved recently the US Food and Drug Administration approved the first drug for treatment of tardive dyskinesia, Ingrezza.

Pharmacology of Ingrezza

Ingrezza is a VMAT2 (vesicular monoamine transporter 2) inhibitor that reaches maximal concentration in 30 to 60 minutes. Currently its mechanism of action is still being studied. It is extensively metabolized by CYP3A4/5 and CYP2D6. The initial dose of Ingrezza is 40 mg/daily and after 1 week it should be increased to 80 mg /daily.

Adverse Side Effects and Contraindications

Common side effects of Ingrezza are somnolence and akathisia. The medication should not be used in patients that have long QT syndrome or arrhythmias because it can increase the QT interval. Its use with monoamine oxidase inhibitors or strong CYP3A4 inducer should be avoided if possible. Patients taking medications that are CYP3A4 inhibitors or have moderate hepatic impairment should receive the 40mg/day dosing of Ingrezza. These patients may need dose reduction depending on their tolerance of the medication.

Benefits of using Ingrezza

Unlike its predecessor Tetrabenazine, used off-label for the treatment of moderate to severe TD, it does not worsen depression, increase suicidal ideation, or exacerbate underlying psychiatric symptoms. Patients with mild to moderate renal impairment do not need dose adjustment. It advised that Ingrezza not be used in patient who are pregnant or breast-feeding.

Clinical Trials

In the 6-week, phase 3 KINECT-3 trial, which had 234 participants, Ingrezza was evaluated in randomized, double-blind, placebo-controlled trial in patients with TD and had either schizophrenia, schizoaffective disorder, or mood disorder. Pt were randomly assigned receive a

Ingrezza 40mg/day, Ingrezza 80 mg/day, or a once daily placebo. showed a significant mean decrease in the AIMS dyskinesia score in those who received the medication versus the placebo group. After six weeks, the showed a significant mean change in Abnormal Involuntary Movement Scale (AIMS) dyskinesia score of -3.2 in the 80 mg/d treatment group vs -1.9 in the 40 mg/d treatment group vs -0.1 in the placebo group. In addition, Ingrezza was well tolerated by the participants, however, further studies are needed to determine the long-term effects of Ingrezza.

Future of Tardive Dyskinesia Treatment

Currently another VMAT2 inhibitor is being investigated, Austedo (Deutetabenazine). It has recently been approved for Huntington’s disease and TD. Possible benefits are fewer tolerability issues, lower sedation rates, and no significant effects on mood or parkinsonism at recommended doses.

Case Of The Month

By now, many of us have either heard or had first hand experience with many of ethical issues psychiatrist face on a daily basis. In that same regard, some of us know exactly what to do when those moments arise while some may feel lost in the world. Well fret no more. “Ethical Conundrums in Psychiatry” is here to help! Each week will pose an ethical question in psychiatry and ask for your opinion on what you would do. In subsequent issues we will include your responses to obtain different perspectives and approaches to many of the dilemmas faced in the field of psychiatry. And just a reminder, your post will be anonymous and there is no right or wrong answer! Also feel free to submit your own conundrum, you may see it in a future issue. We are looking forward to your responses! This issues ethical conundrum is.....

If you are in a state where there is no duty to warn, how would you determine if you will or will not?

Please submit responses for next issue to PsychademicECU@gmail.com subject: “Case of the Month”
Defense Mechanism Crossword Puzzle

Across
4. An attempt to amend or compensate for past actions. Usually done to protect their own ego
8. The adolescent who takes on all the values and styles of an admired teacher.
9. An accident victim can remember nothing about his accident.
11. Trying to avoid emotions by thinking about something logically
12. A former alcoholic serves as an Alcohol Anonymous sponsor to a new member, achieving transformation process that may be life
13. Individuals attribute their own unacceptable thoughts, feelings and motives to another person.
14. After failing the fourth exam, your classmate throws her pencil case against the wall.

Down
1. A mechanism that causes people to act exactly opposite to the way they feel
2. ‘The test had too many trick questions; I really know all the material; our instructor is out to get me.’
3. Use comedy or situational irony to make yourself feel better in a tough situation
5. A client is angry at his physician. Does not express it, but becomes verbally abusive with the nurse.
6. Refusal to accept a known truth in order to protect oneself from it.
7. Black and White thinking
10. Satisfying an impulse with a substitute object in a socially acceptable way.

References

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