

SUMMER 2014

# FOCUS ON BEHAVIORAL HEALTH

A Publication of The Zucker Hillside and South Oaks Hospitals + [northshorelij.com](http://northshorelij.com)

**TARGETED CARE  
FOR PREGNANT AND  
POSTPARTUM WOMEN**

**TACKLING WOMEN'S  
INCLINATION TOWARD  
DEPRESSION**

**GENDER IMPACTS  
ADHD SYMPTOMS**



# Specialized Care for Pregnant and Postpartum Women

**Though common, perinatal mood and anxiety disorders often go undiagnosed and untreated.**

Lack of treatment not only causes suffering for the mother but also affects her baby, said psychiatrist Tina Walch, MD, medical director of South Oaks Hospital in Amityville.

“Children of women with untreated depression or anxiety have an increased risk for neurobehavioral disorders as they grow older,” Dr. Walch said.

As many as one in five women will experience significant symptoms of depression or anxiety during pregnancy or the postpartum period. Dr. Walch founded the Perinatal Psychiatry Center at The Zucker Hillside Hospital in Glen Oaks four years ago to address the often unmet needs of this patient population. The center has grown rapidly, providing specialized psychiatric and therapy services to hundreds of pregnant and postpartum women as well as those dealing with perinatal loss.

“Patients come to us from Manhattan,

were sometimes reluctant to ask new mothers how they were coping because they didn’t have a ready resource for these women,” said Dr. Walch. “Now, their patients who are depressed, anxious or overwhelmed can call a dedicated phone line at South Oaks (**631-608-MOMS**) or Zucker Hillside (**718-470-4MOM**) to get connected with a full range of perinatal behavioral health services.”

## **Multidisciplinary Team of Perinatal Specialists**

The Perinatal Psychiatry Program is devoted to helping women whose needs are specifically related to pregnancy, childbirth or the transition to motherhood. Its multidisciplinary team includes psychiatrists, nurse practitioners, psychologists and social workers who have extensive experience in the specialty.

“Because we are housed within a general outpatient clinic, we can connect with

physicians and other behavioral health professionals across the region. “Because we are part of the North Shore-LIJ Health System, we have a lot of experience and the ability to coordinate care with women’s other providers,” said Dr. Walch.

“We stay on top of the constantly evolving research about which medications are safest for women,” said Dr. Testa. “We also provide evidence-based therapies for our patients.”

“Our team members also have specialty training through Postpartum Support International, which helps them function to the fullest when providing perinatal services,” Dr. Walch said. Last winter, The Zucker Hillside Hospital teamed up with Postpartum Support International to offer a professional training conference on perinatal mood disorders. Attendees came from up and down the Eastern Seaboard, and the conference helped cement the Perinatal Psychiatry Center’s reputation as a leader in the field.

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**“Children of women with untreated depression or anxiety have an increased risk for neurobehavioral disorders as they grow older.”**

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Queens, Nassau County, Suffolk County and even Brooklyn,” said psychologist Lisa Testa, PhD, coordinator of the Perinatal Psychiatry Center at Zucker Hillside. A satellite program recently opened at South Oaks, bringing services to the South Shore. The perinatal psychiatry team also helps women throughout New York State via telepsychiatry.

“In the past, obstetricians and pediatricians

other Zucker Hillside specialty programs if the patient needs it,” Dr. Testa said. “For example, we work with other programs to help women who have both perinatal concerns and substance abuse issues or personality disorder traits. We also collaborate with the Child and Adolescent Program to serve teen mothers with perinatal needs.”

The perinatal psychiatry team works closely with obstetricians, primary care

## **Telepsychiatry Overcomes Obstacles**

For some pregnant and postpartum women — such as those who are on bed rest or live far away — traveling is an obstacle to getting care. The Perinatal Psychiatry Center has responded by making behavioral health services available to women in their homes through telepsychiatry. Using secure videoconferencing technology, the perinatal psychiatry team can assess and treat women who might otherwise go without such specialized care. The patient needs only a computer with a camera and Internet access.



“Through telepsychiatry, we have treated women across the state, from the far ends of Long Island to upstate New York,” Dr. Walch said.

### “Warmline” for Perinatal Concerns

Obstetricians and pediatricians are often the first healthcare providers to notice that a woman is having serious difficulty dealing with pregnancy or adjusting to new motherhood.

“Sometimes, what a woman needs most is for someone to look her in the eye, ask how she is doing and really listen if she says that things aren’t going so well,” Dr. Walch said.

Signs and symptoms of a perinatal mood or anxiety disorder include:

- feelings of sadness, anxiety or irritability that don’t go away;

- statements such as “I feel overwhelmed,” “I can’t handle being a mom,” “I’m a terrible mother” or “I wish I had never had this baby”;
- an unusual number of calls to the pediatrician;
- excessive anxiety over the baby’s well-being;
- lack of bonding or eye contact with the baby;
- problems with eating or sleeping while the baby sleeps;
- disturbing thoughts that can’t be controlled; and
- compulsive behavior, such as constantly checking on the baby.

Women with such symptoms can call the “Warmline” at Zucker Hillside at **718-470-4MOM** or South Oaks at **631-608-MOMS**.

A team member gets back to callers within the next business day, provides an initial telephone assessment and helps them connect with appropriate services.

“Some women feel that there is stigma attached to having a psychiatric disorder. Others fear that we’ll take away the baby,” Dr. Testa said. “We give women hope and show them that getting help isn’t as scary as they may have thought.”

Women typically receive care at the Perinatal Psychiatry Center for up to a year postpartum.

“The wonderful thing about working with these patients is that, for the most part, they truly get fully better,” Dr. Walch said. “Given how impaired some women are when they begin our program, it’s remarkable to see how much they improve, how thankful they are for our services and how much the entire family benefits from the care.”

## Targeted Treatment

Services provided by the Perinatal Psychiatry Center include:

- comprehensive behavioral health evaluation;
- psychiatric medication management, including preconception medication consultation, medication during pregnancy and medication during breast-feeding;
- brief or long-term individual therapy, including cognitive-behavioral therapy, interpersonal therapy, psychodynamic therapy, solution-focused therapy and supportive therapy;
- group therapy;
- couples therapy;
- coaching in parent/child bonding; and
- therapy and support after miscarriage, stillbirth or neonatal death.

# Tailored Services for Women with Depression

According to the World Health Organization, an estimated 350 million people of all ages experience depression, making it a leading cause of disability.

A look at the demographics of depression reveals a significant gap in the incidence of depression among men and women. “The prevalence of major depressive disorder varies in community samples around the world, and to some degree by culture,” said Amanda Tinkelman, MD, a psychiatrist at The Zucker Hillside Hospital. “However, one relatively consistent finding is that women are more likely to suffer from depression than men.”

Dr. Tinkelman noted that it’s difficult to know if women are inherently more prone to depression or if they simply elect to seek treatment more often than men. “It’s quite possible that men are affected just as often but are slower to seek help,” she said. “They may also exhibit different symptoms than women.”

More women are asking their physicians about treatment options, perhaps because the popular press has helped to increase awareness about depression, according to Dr. Tinkelman.

“Women generally discuss symptoms with their primary care physicians or gynecologists first. Depression is often, but not always, accompanied by changes in sleep and appetite, which are things that primary care physicians usually ask about,” Dr. Tinkelman said. “Many practitioners have a high level of comfort in prescribing antidepressants, but we want primary care physicians to know that if they have a patient who could benefit from a more comprehensive team approach, we are here for them.”

## Treating Different Forms of Depression

Women of all ages and backgrounds find treatment and support for depression and a range of depressive disorders at Zucker Hillside Hospital and South Oaks Hospital:

### MAJOR DEPRESSIVE DISORDER

“By some estimates, the lifetime prevalence of a major depressive disorder in women is approximately 20 percent; in men, it’s 10

percent,” Dr. Tinkelman said. The gender difference in depressive disorders starts in childhood: About six percent of girls are diagnosed with depression, compared to 4.6 percent of boys. But by adolescence, girls are two to three times more likely to be diagnosed as adolescent boys, and that difference extends into adulthood.

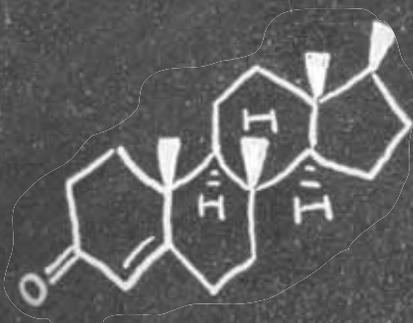
### POSTPARTUM DEPRESSION

“In Western countries, the prevalence of postpartum depression is approximately 15 percent, but some studies suggest the incidence might be as high as 60 percent,” Dr. Tinkelman said. She noted that Zucker Hillside staff members have expertise in treating mothers who are recent immigrants whose symptoms may be exacerbated by separation from family and social support structures of their home countries.

### BIPOLAR DISORDER WITH DEPRESSION

Bipolar disorder can be accompanied by

## THE BIOLOGY OF BEHAVIORAL DISORDERS IN WOMEN



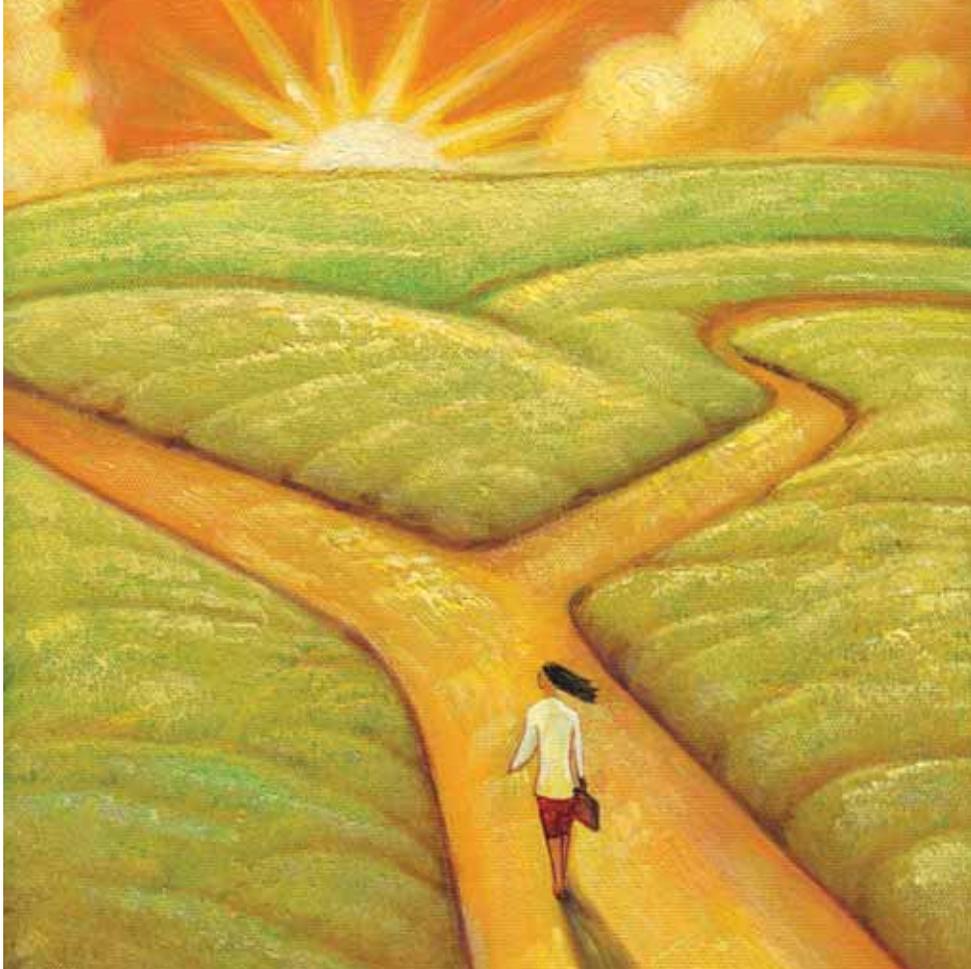
Researchers have delved into biological differences between the sexes to try to explain why women might be more prone to certain behavioral disorders, including depression and dementia. They suspect that the following factors may play a role.

### Hormones

Estrogen and progesterone influence brain function and stress response, and may partially explain the rise in rates of female depression at puberty. Women are also more likely to suffer from thyroid disorders, which may contribute to depression.

### Neuroanatomical Differences

Researchers have debated whether differences in male and female brains might help explain psychiatric differences.



depression. “Bipolar I is defined by depressive and manic episodes,” Dr. Tinkelman said. “Bipolar II is defined by depressive episodes, but rather than full manic episodes, the person has only hypomanic episodes. In both types, depressive episodes are often more numerous than hypomanic or manic episodes, but this is more true in Bipolar II. Bipolar I has a similar prevalence in men and women, but Bipolar II appears to be more common in women.”

### Services Targeted to Women

At both Zucker Hillside and South Oaks, treatment plans for depression are always customized for each patient, but staff members are especially sensitive and responsive to issues that may affect women particularly.

“During the intake process, women are routinely screened for intimate partner violence; men are less at risk for this,” Dr. Tinkelman said. “If a patient prefers to participate in women-only therapy groups or to work with

a female therapist, we accommodate her.”

At Zucker Hillside, female patients with severe depression may receive inpatient treatment in the Women’s Unit, a short-term, acute-care unit for women 18 and older. The 19-bed unit offers specialized tracks, including a program for perinatal disorders and a program based on dialectical behavior therapy (DBT) for women with borderline personality disorder — another illness more prevalent in women. DBT emphasizes accepting uncomfortable thoughts, behaviors and feelings — rather than struggling with them — as the first step toward change. It also focuses on developing specific coping skills.

### Offering Long-Term Support

In addition to guiding women through treatment for depression, behavioral health professionals at Zucker Hillside and South Oaks provide patients with long-term support throughout recovery.

One successful case involved a young mother — a veteran with post-traumatic stress disorder — who attempted suicide while pregnant. “We helped her through her pregnancy and through her ambivalence about motherhood,” Dr. Tinkelman recalled. “Now she is back in school, wonderfully bonded with her baby and more hopeful about their future. She is still in treatment and life is not perfect, but she has the support of her treatment team and knows how to utilize it when needed.”

“There seem to be some consistently reproducible differences between male and female brains,” said Amanda Tinkelman, MD, a psychiatrist at The Zucker Hillside Hospital. “For example, women appear to have slightly more gray matter in the cortex, and men, on average, seem to have more white matter. However, whether these differences actually mean anything cognitively or behaviorally is hotly contested.”

Dr. Tinkelman noted that in a well-publicized 2013 study in the *Proceedings of the National Academy of Sciences*, researchers at the Uni-

versity of Pennsylvania found greater connectivity within brain hemispheres in males and between brain hemispheres in females. “People projected that these differences explained or accounted for stereotypical differences between women and men,” Dr. Tinkelman said. “But we can’t really make any behavioral or cognitive conclusions based on these findings.”

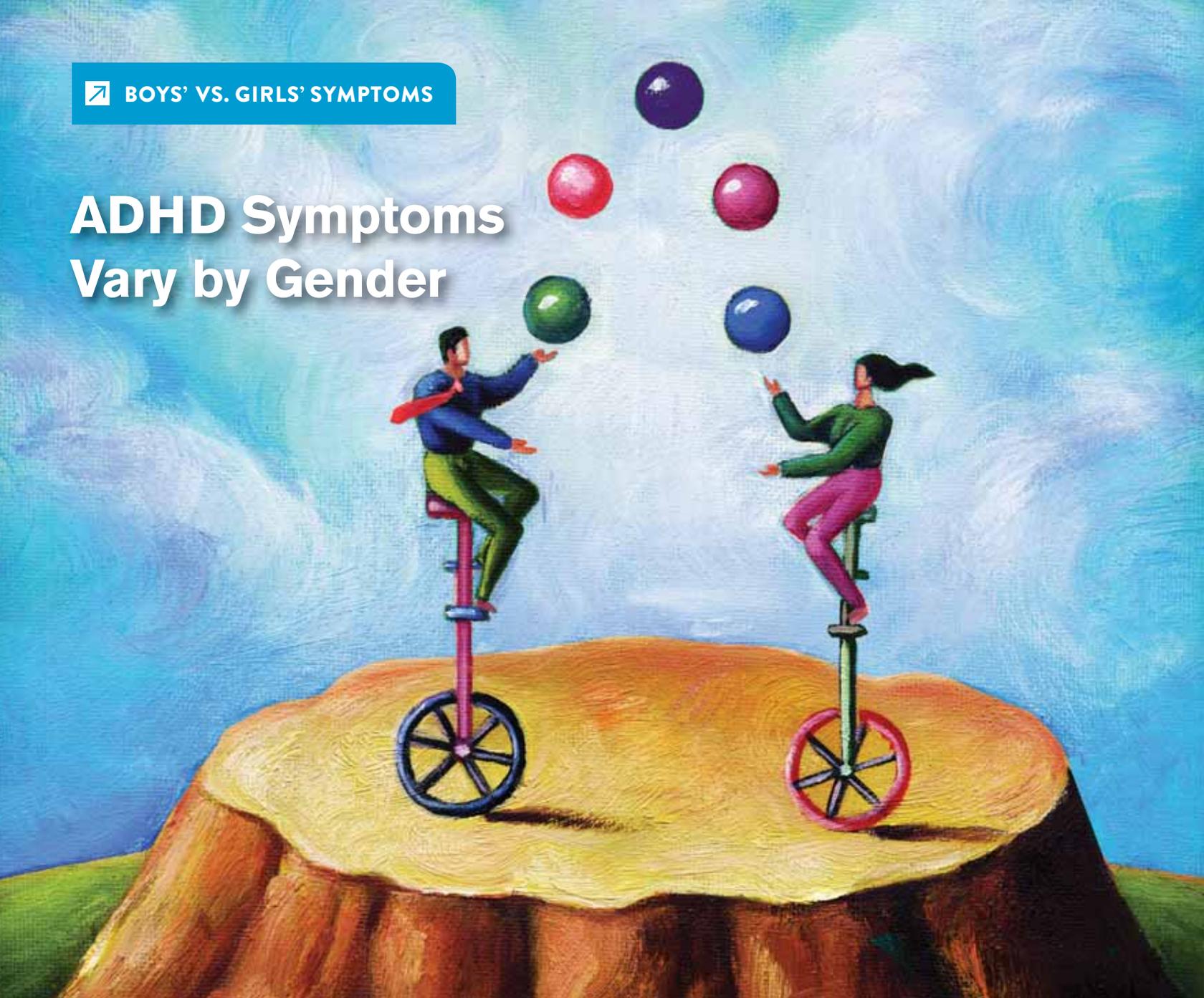
### Longer Life Span

Women experience higher rates of dementia; almost two-thirds of Americans

with Alzheimer’s disease are women, said Meera Joseph, MD, a psychiatrist at South Oaks Hospital who specializes in geriatrics, mood disorders and dementia. She noted that at South Oaks, nearly 75 percent of dementia patients are women.

“Aging brings an increase in heart disease risk factors, which affects brain vasculature and can lead to vascular dementia,” Dr. Joseph said. “More women may experience this simply because they live longer and their heart disease risk increases with age.”

# ADHD Symptoms Vary by Gender



Behavioral health differences between men and women manifest early, often in childhood. Perhaps the most common example is attention-deficit/hyperactivity disorder (ADHD), which affects three to seven percent of school-age children but is diagnosed up to five times more frequently in boys.

Girls' ADHD symptoms are often more subtle, which can make it difficult for parents, teachers and pediatricians to spot early warning signs and intervene. "Often girls come into treatment at a later age than the male patients we see," said Patrice Reives-Bright, MD, a child and adolescent psychiatrist at South Oaks Hospital in

Amityville. However, ADHD can cause just as much functional impairment in girls as it can in boys and can lead to complications if left untreated.

## Symptoms Are Easily Overlooked

Most people associate ADHD with hyperactive-impulsive symptoms such as restlessness, difficulty staying seated and inappropriate displays of emotion. Parents and teachers often recognize these symptoms as red flags and seek a behavioral evaluation during the child's early school years.

On the other hand, girls with ADHD are

more likely than boys to present with predominantly inattentive symptoms, including difficulties with organization, task completion, abstraction and future-oriented thinking. Parents and teachers may sense a problem but attribute it to the child's temperament or to a lack of motivation. "These children are often classified or mislabeled in the classroom as being lazy or daydreaming," Dr. Reives-Bright said.

## Age Brings New Challenges

Because girls' behavioral health symptoms can be less disruptive, this may be one reason for their lower rate of ADHD diagnosis.

“They’re not the squeaky wheel per se,” Dr. Reives-Bright said.

However, girls’ subtle symptoms generally become more visible in late elementary and middle school as academic and social demands increase. “A lot of difficulties come into play when kids are expected to change classes, manage different assignments and work with different teachers,” Dr. Reives-Bright said.

### **Zeroing In on Accurate Diagnoses**

ADHD in children has been studied extensively for decades. Prior to the publication of new diagnostic criteria in 2013, a diagnosis of ADHD required that hyperactive, compulsive and inattentive symptoms be present before age 7. This likely led to many girls with later-onset ADHD receiving a different, less definitive diagnosis.

However, research is catching up with practice in this area. Multiple studies have demonstrated that those diagnosed with ADHD later in childhood experience the same disease course and respond to the same treatments as those who are diagnosed earlier. Based on this evidence, the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) raised the age-of-onset requirement for ADHD diagnosis to 12. Ideally, this will help ensure that children with ADHD symptoms have access to the care they need.

### **Pediatricians’ Role**

Primary care physicians can play an important part in identifying more subtle behavioral health symptoms and ensuring that patients receive appropriate diagnosis and treatment. One way to do this is to incorporate behavioral health screen-

ing into annual checkups. With adolescents, self-reported assessments like the Patient Health Questionnaire-9 (PHQ-9) can help detect symptoms of ADHD and other behavioral health disorders and can serve as a springboard for more in-depth conversations.

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**“Those diagnosed with ADHD later in childhood experience the same disease course and respond to the same treatments as those who are diagnosed earlier.”**

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Often, a decline in academic performance is the first significant warning sign of an underlying learning disability or ADHD in girls. In highly intelligent children with ADHD and learning disabilities, this academic decline may be delayed until late middle school or even high school.

In the case of inattentive-type ADHD, parents and teachers will often sense a problem but struggle to describe their concerns in detail. “It’s really important to address the subjective reports of a child having difficulty with paying attention or staying on task, because the teacher may not recognize these as ADHD symptoms,” Dr. Reives-Bright said.

Prompt diagnosis is important, because untreated ADHD can increase the risk for anxiety, depression and high-risk behaviors. “If a child is not performing to his or her

potential academically, that can contribute to low self-esteem, lack of motivation and dysphoria,” Dr. Reives-Bright said. It’s also important to note that the disorder is not necessarily self-limiting; 30 to 60 percent of children with ADHD continue to have symptoms into adolescence and adulthood.

### **Individualized Treatment**

While behavioral health problems present somewhat differently in boys and girls, both genders respond equally well to most interventions. Before treatment begins, each child should undergo a comprehensive assessment to make the diagnosis and plan for treatment. Treatment should be tailored to the child’s unique needs and may involve a combination of medication therapy, patient and family education, psychotherapy and school accommodations.

After proper diagnosis, many childhood behavioral health issues can begin to be managed in the primary care setting. However, pediatricians should consider a psychiatric referral for a child or teen whose depressive or anxious symptoms interfere with schoolwork or with family or peer relationships. Other red flags include marked social withdrawal, self-injurious behavior and suicidal ideation.

South Oaks Child and Adolescent Center of Excellence provides complete behavioral healthcare for young people between ages 5 and 18, including inpatient and outpatient services and a transitional partial hospitalization program for adolescents. “It’s a full continuum of care,” Dr. Reives-Bright said. “Wherever our patients are with their symptoms, we have the programs and expertise to help.”

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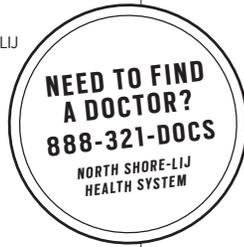
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## NORTH SHORE-LIJ HEALTH SYSTEM HOSPITALS:

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AFFILIATE: NASSAU UNIVERSITY MEDICAL CENTER • AFFILIATE: BOCA RATON REGIONAL MEDICAL CENTER

## Support Groups

**The Zucker Hillside Hospital  
hosts a variety of support groups,  
including the following:**

**The hospital hosts NAMI  
(National Alliance on Mental  
Illness)** Queens/Nassau monthly  
meetings with guest speakers,  
including a Sharing and Caring  
support group. Family-to-Family  
classes are held in the spring and fall  
at various locations. Support groups  
for those with bipolar disorder meet  
twice monthly in the Ambulatory Care  
Pavilion, and for those with anxiety/  
depression twice a month in the  
Kaufmann Building. Learn more at  
[namiqn.org](http://namiqn.org) or **516-326-0797**.

**The Consumer Support Network**  
offers social support especially for  
Zucker Hillside patients. Meetings  
take place from 11 a.m. to noon and  
from 3 to 4 p.m. on Tuesdays and  
Wednesdays. Call Vivian Weiser,  
program coordinator, at  
**718-470-8244** to learn more.

**To learn more about our  
support groups at Zucker  
Hillside Hospital, please call  
(516/718) 470-8241.**

**South Oaks Hospital in Amityville  
also hosts a wide range of support  
groups, including:**

**Alcoholics Anonymous (AA)** meets  
weekly at South Oaks. To contact the  
Nassau County Intergroup of AA,  
call **516-292-3045** or visit  
[nassauny-aa.org](http://nassauny-aa.org).

**Gamblers Anonymous** holds weekly  
meetings at South Oaks. To talk  
with someone at the Long Island  
Gamblers Anonymous Hotline,  
call **855-2CALLGA**  
(855-222-5542).

**Cocaine Anonymous** also  
meets weekly at South Oaks.  
For general information,  
call **347-292-7225**.

**Families Anonymous**, a  
group for family and friends of  
those with a substance abuse  
problem, meets twice a week  
at South Oaks. For details,  
call Donna at **631-589-3790**.

**To see a full list of the  
organizations that hold  
meetings at South Oaks, visit  
[south-oaks.org/support](http://south-oaks.org/support).**

