

# 2023 Psychiatry & Behavioral Sciences Research Day

Abstract Booklet

September 20, 2023



SCHOOL OF  
MEDICINE

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PSYCHIATRY &  
BEHAVIORAL SCIENCES

# RESEARCH DAY POSTER WINNERS

## Winners for Posters Without Results

3 Way tie for 1st place, all three received perfect scores

- **David Andrade Silva, MD** - *Inter rater reliability of the Modified agitation severity scale in the psychiatric emergency department July to December 2024*
- **Andreas Kruse, MD** - *Effect on illness and antipsychotic treatment on striatal structure and chemistry in first episode psychosis*
- **Dominique N. Price, MD** - *Associations between Premenstrual Syndrome, Premenstrual Dysphoric Disorder, and Inflammation*

## Winners for Posters With Results

- 1st Place: **Pearl Huynh and Jordan Lee** - *Asymmetric Connectivity Changes Underlie Equivalent Antidepressant Effects of Left versus Right Accelerated Intermittent Theta Burst Stimulation*
- Runner Up: **David Lardier, PhD** - *Peer Recovery Specialists and Referrals to Treatment: Clinical Correlates among Patients of an Opioid Overdose Recovery Program in New Jersey*

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Title: Peer Recovery Specialists and Referrals to Treatment: Clinical Correlates Among Patients of an Opioid Overdose Recovery Program in New Jersey

Authors: David Lardier, Kristen Gilmore-Powell, Cory Morton, N. Andrew Peterson, Suzanne Borys

Keywords: Peer Recovery, Opioid Overdose, substance use treatment

Category: Poster with data

Background: Peer Recovery Specialists (PRSS) are critical in the cascade of care of treating opioid misuse and related conditions. Work remains to help identify the benefits of PRSS, particularly time spent with a PRSS as a clinical indicator correlated with referral to substance use treatment services.

Purpose: The current study examined demographic and clinical correlates with referral to substance use treatment services including hospital level variability of PRSS time associated with treatment referrals.

Method: This study used data collected by providers for a sample of 5,655 patients who engaged in an opioid overdose recovery program (Male: 68.91%; Age:  $M = 37.75 \pm 12.43$ ; White non-Hispanic: 62.48%). Data were collected between January 2016 and September 2020. Generalized linear mixed effect multilevel regression analyses tested the associations on clinical referral to substance use services.

Results: Significant individual-level associations were identified. At the hospital level, recovery specialist time spent with the patient also showed a positive and significant association with referral to substance use treatment services.

Conclusion: The cross-level interaction effect displayed that any period of time spent with PRSS played an important role for those patients with a greater number of prior overdoses on referral to treatment.

Title: Latent Class Groups of Use of Concurrent Substance Use Among Adolescents in an Urban Community: Correlates with Mental Health, Access to Drugs and Alcohol, and Risk Perception

Authors: Carolina Verdezoto, LCSW, Dr. David Lardier, Dr. Alexandra Davis, Sabrina Magliulo, Lynda Cruz, Andriana Herrera, Dr. Pauline Garcia-Reid, Dr. Robert Reid

Keywords: Concurrent substance use; adolescents of color; clinical indicators; latent class analysis

Category: Poster with data

Background: Concurrent substance use among adolescents has been associated with an increase in physical and mental health problems. These outcomes tend to be exacerbated among adolescents of color in under-served urban settings. The purpose of this study was to understand alcohol and concurrent drug use patterns among adolescents in an under-served urban community to provide targeted prevention and treatment recommendations.

Method: This study examined data among adolescents in an under-served urban community (N= 1,789; 56.35% female; 70.86% Hispanic/Latino/a; mean age  $15.96 \pm 1.56$ ). Using latent class analysis (LCA) and multinomial logistic regression modeling, analyses identified independent correlates of latent class membership.

Results: Five latent classes were identified (Model fit: L2 = 38.2107, BIC = 4957.229, AIC = 4957.229, bootstrap L2 p-value = 0.112; standard R2 value of 0.79) including LC group 1: Predominant alcohol use and limited to no concurrent-drug use (n = 213; 11.9%); LC group 2: Concurrent drug and alcohol use including methamphetamine, marijuana and synthetic marijuana use, and alcohol use (n = 74; 4.2%); LC group 3: Concurrent drug and alcohol use, with no marijuana use (n=204;11.39%); LC group 4: High Concurrent drug use and alcohol use (n=204;11.40%), and LC group 5: Concurrent drug use without alcohol use (n=1101;61.52%). Significant between group differences were noted between latent class groups and sociodemographic characteristics. Multinomial logistic regression models identified the associations between sociodemographic characteristics and corollary clinical features of substance use on latent class groupings of alcohol and concurrent drug use.

Conclusion: Understanding concurrent substance use LC groups among adolescents is essential to provide targeted interventions and treatment programs as well as early intervention programs that may help reduce substance use during adolescence.

Title: Validation of a Hopkins Verbal Learning Test-Revised (HVLTR) Forced-Choice Trial in a Veterans Sample

Authors: Lauren P. Blake, Owen J. Gaasedelen, Joseph R. Sadek

Keywords: Performance Validity Test

Category: Poster with data

Significance/Innovation/Background: Accurate detection of non-credible performance can aid in accurate diagnosis. The Hopkins Verbal Learning Test-Revised (HVLTR) is a verbal memory test that lacks an embedded performance validity test (PVT).

Research Question(s)/ Hypothesis & Specific Aims: The new validity test will agree with validity classifications of existing tests.

Methods/Approach: We validated an HVLTR forced choice trial (FC) in a clinical veteran's sample. Inclusion criteria were completion of the HVLTR FC, Test of Memory Malingering Trial 1 (TOMM) and Reliable Digit Span (RDS), as a part of a standard outpatient clinical evaluation.

Results: 149 consecutive participants (mean age = 59, SD = 12.3; mean education = 13.0, SD = 2.7; 93% male; 54% Caucasian) were characterized as pass (i.e., TOMM Trial 1 $\geq$ 42, RDS $\geq$ 7), fail the freestanding PVT (TOMM $<$ 42), and fail both (TOMM $<$ 42 with RDS $<$ 7). Receiver operating characteristic analyses classified TOMM trial 1 failure (utilizing HVLTR-FC) with an area under the curve (AUC) of .71. Classification of participants failing both TOMM trial 1 and RDS resulted in an AUC of .73. HVLTR-FC cut score of 10 yielded sensitivity of .88 and specificity of .48 for TOMM trial 1 failure, and sensitivity of .80 and specificity of .57 for TOMM trial 1 and RDS failure.

Future Directions: This new PVT for the HVLTR shows promise and needs further validation with larger and more diverse samples.

Title: Impact of Neuropsychological Evaluation: Health Care Utilization and Referring Provider Survey

Authors: Joseph R. Sadek, Savannah Rose, Katharine Miller, & Emilie Franchow

Keywords: Neuropsychological Evaluation, Health Care Utilization, Provider Satisfaction

Category: Poster with data

Significance/Innovation/Background: We evaluated the impact of neuropsychological evaluations (NPE) in one year of consecutive VA outpatient mild TBI and PTSD referrals.

Research Question(s)/ Hypothesis & Specific Aims: This was a program evaluation to determine provider satisfaction with neuropsychological services by survey, and to determine impact of neuropsychological evaluations on health care utilization and on rates of follow-through on recommendations made by neuropsychological evaluations.

Methods/Approach: Impact was measured by (1) recommendations implemented by referring providers; (2) change in emergency (ER) visits; and (3) change in hospital admissions.

Results: 201 participants with NPE were compared to 62 participants who were referred but did not receive NPE (control). Groups were comparable in age (overall M=55 years), race (16% nonwhite), and sex assigned at birth (91% male). In 49% of cases, at least one actionable recommendation was implemented by the referring provider. Compared to the year before NPE, there were no significant decreases in medical or mental health emergency visits or hospital admissions for NPE relative to controls (all  $p$ 's  $>.1$ , all partial eta squared  $<0.11$ ). However, a survey of referring providers yielded an average satisfaction of 4/5 with differential diagnosis and treatment planning most highly valued (4.2/5).

Future Directions: Prior studies suggested decrease in health care utilization after NPE, but our data show the decrease does not occur in all patient groups. High provider satisfaction suggests that measuring NPE utility may require novel metrics as discussed by Colvin and colleagues (2022).

Title: Project AWARE Second Year Successes: Improvements in Everyday Life and Social Connectedness

Authors: Haely Katt, Abigail Thompson, Carolina Verdezoto, Sondra Samaniego, Ariel Homer, Tyler Kincaid, Thomas Chavez, Cynthia Melugin and David T. Lardier Jr.

Keywords: Mental Health, Education, Evaluation

Category: Poster with data

Background: Project AWARE is a five-year grant awarded to New Mexico's Public Education Department (PED) and funded by SAMHSA, with the goal of promoting healthy development of school-aged youth and preventing youth violence.

Specific Aims: The project partners with local education agencies and CYFD to achieve objectives such as (1) increasing awareness of mental health issues, (2) training adults to detect and respond to these issues, (3) connecting affected youth and families to services, (4) establishing sustainable MH support, and (5) ensuring continuous quality improvement through program evaluation. This abstract focuses on evaluating goal (5) by comparing baseline and 6-month reassessment data.

Methods/Approach: Students are screened by LEAs to determine eligibility for MH services and treatment expansion. If eligible, participants are enrolled into clinical services and evaluated through the GPRA survey during intake and at 6 months for reassessment by site clinicians.

Results: Initial findings indicate a substantial portion (about 80%) of participants with MH diagnoses related to anxiety (F40-F49) and mood disorders (F30-39). When comparing baseline percent positive responses to 6-month positive responses, students' abilities to deal with everyday life and social connectedness improved after six months of clinical services.

Future Directions: In pursuit of goal (2), we will leverage these positive results to emphasize the importance of early intervention and support. Additionally, as we work towards goal (4), we will use our data to advocate for financial means, such as Medicaid reimbursement, to ensure the continued availability of mental health services beyond the grant period.

Title: Peer Support Model to Address Substance Use Disorders Treatment Engagement in Rural Communities

Authors: J.L Saavedra, A.S Crisanti, C.M. Caswell, A.J. Jaramillo, STTEP Research Group

Keywords: Peer support workers; Rural behavioral health; Telehealth

Category: Poster with data

Background: New Mexico (NM) leads the nation in alcohol-related and drug overdose deaths. This project aims to implement and test a model of telehealth-substance use disorder (TH-SUD) treatment to reach underserved rural, Hispanic, and Native American (NA) populations in Sandoval, San Juan, McKinley, Cibola, Valencia, and Santa Fe Counties. The overall goal is to reduce the consequences of substance use in culturally relevant ways. Our population of focus is rural, Hispanic, and NA adult patients with an SUD presenting to the emergency department (ED) or inpatient units of the University of New Mexico Sandoval Regional Medical Center located in Sandoval County.

Methods: The evidence-based, culturally informed, and trauma-focused TH-SUD treatment includes Medication Addiction Treatment (MAT), Seeking Safety (SS), and psychosocial supports. Using motivational interviewing, Peer Support Workers (PSWs) are responsible for in-person patient screening and navigation from the ED or inpatient units to outpatient TH-SUD treatment. PSWs deliver SS and psychosocial supports and MAT is provided by medical professionals.

Results: Data are being collected from participants prior to starting TH-SUD treatment and every 60 days thereafter on outcomes including treatment engagement/retention, types of services received, substance use, substance craving, quality of life, PTSD symptom severity, hospital utilization, motivation to change, self-stigma, and perceptions of recovery. The preliminary costs associated with the intervention and potential cost-savings are also being determined.

Discussion: Data on participant outcomes are currently being collected and it remains to be determined whether implementing a TH-SUD treatment program in a hospital setting is an effective approach to reducing the consequences of SUD. While there have been challenges, there have also been successes. Given the lack of resources in rural communities, more research on providing SUD treatment to these populations is necessary. Our poster will provide an overview of the intervention and summarize preliminary data and challenges/successes.

Funding: Research reported in this presentation was supported by Congressionally Delegated funds administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) Award Number 1H79FG000817-01.

Title: Elevating Lived Experiences of Schizophrenia on the Internet – A Qualitative Analysis of BIPOC Patient Narratives Using DIPEX Methodology

Author(s): Fabiha Sabin, Megan Shedd, MD, MPH, Nancy Pandhi, MD, PhD, MPH

Keywords: Qualitative, stigma, schizophrenia

Category: Poster with data

Background: Among people with SMI, those diagnosed with schizophrenia are subjected to highest stigma leading to lower quality care and poor health outcomes. People with schizophrenia who identify as BIPOC experience racism, further compounding health inequity. In the era of social media, online narratives of mental illness are becoming a popular method for promoting destigmatization. Health Experiences Research Network (HERN) is a non-profit organization of clinicians, researchers and advocates that seeks to build an online library of narratives for public awareness and education. DIPEX is the approach HERN uses to explore health narratives, which utilizes qualitative research for content on the website [HealthExperiencesUSA.org](http://HealthExperiencesUSA.org).

Aims: We describe our collaboration with HERN to pilot DIPEX in patients with schizophrenia in NM to destigmatize their experiences. We analyze interviews to understand experiences of stigma, identity, and motives to share their narratives online.

Methods: Seven self-identifying BIPOC individuals with schizophrenia participated in filmed interviews. Qualitative analysis of interviews was performed to identify relevant themes and organize content for dissemination.

Results: Participants were motivated to share their story. Several themes emerged highlighting how participants perceived stigma: (1) Being treated differently by medical professionals; (2) Experiencing discrimination from law enforcement; (3) Receiving negative assumptions about capacity for relationships. Participants also reported sharing similar values as those without diagnosis of schizophrenia.

Future Directions: Interviews will be uploaded online and used to make a catalyst film. A workshop curriculum will be developed with the intention of screening film to students. The curriculum will seek to promote discussions about mental health biases in healthcare.

Title: Asymmetric Connectivity Changes Underlie Equivalent Antidepressant Effects of Left Versus Right Accelerated Intermittent Theta Burst Stimulation

Authors: Jordan Lee, Pearl Huynh, Monica Balasch, Karen Luo, Shawn Hazlewood MD, Robert DeBurlo, Alexander Win, Ali Nakip MD, Justin Davis, Alyssa Espinoza MD, Elizabeth Richardson MD, Hugo Gomez-Rueda MD, Jessica Thai MD, Dorothy Bowers Wu, Adam Littleton, Allison Price MD, Tessa Olmstead MD, Ben Gibson MS, Justine Yang MD, Erick Durham MD, CJ Ojeda MBA, Megan Lloyd MA, Brant Hager MD, Thomas R. Jones MS, Joel Upston MS, Andrei Vakhtin PhD, Christopher Abbott MD, Davin K Quinn MD

Keywords: Depression, TMS, Connectivity

Category: Poster with data

Introduction: Transcranial magnetic stimulation for depression is conventionally delivered with excitatory parameters to the left dorsolateral prefrontal cortex (DLPFC) and inhibitory parameters to the right DLPFC based on a theory of hemispheric asymmetry of emotion regulation. We previously demonstrated that intermittent theta burst stimulation (iTBS), an excitatory protocol, can be effective for depression even when applied to the right DLPFC. Therefore, we sought to compare rates of antidepressant response and connectivity change for iTBS delivered to left versus right DLPFC.

Methods: We assessed 41 adults aged 50-79 with late-life depression for baseline depressive and generalized anxiety symptoms using the IDS-C-30 and GAD-7, respectively. We determined stimulation targets from resting-state data as DLPFC voxels anticorrelated with SgCC. We delivered 45 neuronavigated iTBS sessions (1800 pulses/session, five sessions/day, nine days), and assessed them with fMRI after the 15th and 45th sessions (right: n=25; left: n=16).

Results: Mean IDS-C-30 significantly decreased over visits (V1-V3 change:  $18.9 \pm 9.2$ ;  $49.4\% \pm 21.8$ ), and GAD-7 scores also improved (V1-V3 change:  $5.2 \pm 4.9$ ;  $47.3\% \pm 35.9$ ). Both right and left side stimulation groups showed similar changes in depression scores (right:  $18.4 \pm 9.7$ ; left:  $19.7 \pm 8.7$ ;  $t(35)=0.455$ ,  $p>0.6$ ) and anxiety scores (right:  $4.8 \pm 4.9$ ; left:  $4.8 \pm 4.9$ ;  $t(32)=0.597$ ,  $p>0.5$ ). Left-side stimulation increased connectivity between DLPFC and anterior cingulate cortex and default mode network, while right-side stimulation decreased connectivity between DLPFC and ventrolateral prefrontal cortex.

Discussion/Conclusion: Our study demonstrates equivalent effectiveness of accelerated fMRI-guided iTBS treatment on either hemisphere. Opposite connectivity changes suggest emotional regulation circuitry asymmetry between hemispheres, necessitating further investigation into iTBS effects on left and right DLPFC in depression.

Title: Characterizing Teenagers and Young Adults with Addictions and Mood Disorders

Authors: Abhinav Mishra, MD

Keywords: Addiction, mood, pediatrics

Category: Poster without data

Significance: We know that substance use is starting earlier, and more teens have struggling with substances. Patients with substance use often start using as a teen and as young adults. We know that when people use substances at a younger age, they are more likely to have substance use in the future. Few Receive Treatment. Many adults have substance use disorders and underlying mood disorders- often as high as 80% having underlying mood disorders. In adults, when the co-occurring mood disorders aren't treated, the outcomes are worse. There is more adult information that is characterized. But rates for children aren't characterized! We can't treat an issue we haven't characterized. We can't see patients prospectively in the same numbers so this is a necessary first step!

Innovation: We need to be able to treat those children with addictions to help change their trajectories.

Specific aim: Measure underlying mood disorders in substance use disorders in children using STAR data from youth (13-21) patient evaluations.

Hypothesis: We hypothesize the rates of teen patients with substance use disorders with underlying mood disorders will be like adult populations.

Future directions: Build a data base of such patients and a bridge to get to this database. Look at interventions for the needs of this patient population. Compare populations treated at younger ages than those started on treatments (like MAT) as an adult. Elucidate adverse childhood events and look at correlations for addictions. Identify protective factors in families with children with/without substance use issues. Compare lengths of treatment/time in clinic in kids versus adults.

Title: Proposal: Effect of Educational Intervention on Mental Health Literacy in NM Hispanic/Latinx Patients Diagnosed with Generalized Anxiety Disorder in Primary Care Setting

Author: Isaac M. Trujillo, MD

Keywords: Mental Health Literacy, Hispanic, Anxiety

Category: Poster without data

Significance/Innovation/Background: Poor mental health literacy leads to treatment gaps. Latinx/Hispanic patients face low mental health literacy, associated with decreased help seeking, utilization, quality of care, and lower engagement with care. Interventions to increase mental health literacy have included depression and psychotic spectrum disorders but have not been studied for anxiety spectrum disorders in this population.

Proposed study will seek to improve knowledge of education intervention on mental health literacy, work towards improving treatment gaps in mental health, ultimately potentially improving outcomes for patients.

Research Question(s)/ Hypothesis & Specific Aims: Examine effect of patient education intervention on mental health literacy in NM Hispanic/latinx patients diagnosed with generalized anxiety disorder, in UNM primary care setting.

Hypothesis: Patients who receive patient education intervention will have improvements in mental health literacy.

Methods/Approach:Type: Pre/Post study design

Participants/inclusions: 30 Adult Hispanic/ Latinx patients at UNM Primary Care Clinic population with diagnosis of generalized anxiety disorder.

Exclusion: comorbid severe medical or mental illness including Bipolar Affective Disorder, primary psychotic disorders including Schizophrenia spectrum disorders, substance use disorders or personality disorders.

Intervention: patient education intervention (standard institutional material) on anxiety disorders provided and reviewed with staff.

Will examine effect of patient education intervention on mental health literacy and treatment engagement in NM Hispanic/latinx patients diagnosed with generalized anxiety disorder, in UNM primary care setting. Measured by Anxiety Literacy Questionnaire, pre/post. Collect demographic data on sample (age, language, education level). Timetable: 1 year

Future Directions: Inform future development of culturally adapted educational intervention in this population.

Title: Assessing Decisional Capacity for Medical Aid-in-Dying in Patient's with Co-Occurring Psychiatric Illness

Author: Jordie Martin, MD

Keywords: Medical aid-in-dying, decisional capacity, end of life

Category: Poster without data

Significance/Innovation/Background: Depression is extremely common in terminally ill patients. However, medical aid-in-dying (MAID) legislation requires additional decisional capacity (DC) evaluation for MAID-requesting patients with co-occurring psychiatric symptoms. Systematic reviews have demonstrated that depression doesn't necessarily impair DC and surveys of psychiatrists indicate that many are uncomfortable making MAID capacity assessments (MCAs) and would use their ethical stance to affect outcome. Although mental health providers (MHPs) must act as experts in MCAs, no consensus exists on best practices for discerning the impact of patients' psychiatric symptoms on DC for MAID. Before creating a standardized MCA protocol, it is essential to determine if MHPs are prepared to participate confidently and objectively in the process.

Research Question(s)/ Hypothesis & Specific Aims: To examine (via survey) the relationships that UNMH MHPs' roles, knowledge and attitudes about MAID have with perceived adequacy of training and willingness to participate objectively with MCAs. Hypotheses: 1) MD attendings will indicate greater agreement than other respondent roles that they have sufficient training to make MCAs. 2) Greater familiarity with MAID legislation will be associated with more extensive participation with MAID provision 3) More positive views towards MAID will be associated with greater agreement that a standardized tool for MCAs can be used objectively

Methods/Approach: Descriptive, email distributed survey, sent via Listservs to 150 UNM MHPs. 6 questions (categorical and quantitative response types). Response relationships relevant to hypotheses will be analyzed with one-way ANOVA and simple Pearson correlation.

Future Directions: These results will help identify barriers to providing MAID within UNMH which could guide MAID and DC curriculum design for MHPs, and inform a framework for development of a standardized MCA for patients with psychiatric symptoms.

Title: Social Connectedness and Treatment Engagement in Individuals with AUD

Author: Matt Whicker, MD

Keywords: Alcohol use disorder, Social connectedness, Treatment engagement

Category: Poster without data

Significance/Innovation/Background: Alcohol Use Disorder (AUD) poses a significant public health challenge in the United States, particularly in New Mexico, with a high prevalence and low rates of treatment engagement. This research is guided by the pressing need to address the treatment gap in AUD, reduce associated economic costs and health disparities, personalize treatment, and ultimately improve patient outcomes.

Research Question(s)/ Hypothesis & Specific Aims: This research project aims to explore the relationship between social connectedness and treatment engagement among individuals with AUD, with a particular focus on a population enrolled in an ongoing SAMSA funded study. It builds on existing literature indicating a strong association between social isolation and addiction and hypothesizes a positive correlation between social connectedness and engagement in treatment for AUD.

Methods/Approach: The research approach is to conduct an exploratory factor analysis (EFA) on a 50-item barriers to treatment questionnaire completed by 53 patients to validate a cluster of items related to social connectedness. The study then examines the relationship between this cluster of items and treatment engagement at various time points.

Acknowledging several limitations, including a small sample size, potential selection bias, and the inability to establish causality, this research seeks to contribute to our understanding of factors influencing treatment engagement in AUD.

Future Directions: The implications of this study are twofold: if a significant relationship exists, it may pave the way for predictive models and interventions targeting social connectedness to enhance treatment engagement. On the other hand, if no significant relationship is found, the study may open avenues to explore alternative factors influencing treatment engagement.

Title: Studying Population of Women with Menopausal Depression for Premenstrual Dysphoric Disorder (PMDD) During Reproductive Age.

Author: Ashwini Kotkar Metkar, MD MPH

Keywords: Premenstrual dysphoric disorder, Menopause and depression

Category: Poster without data

Significance and innovation: About 5 to 8% of women suffer from Premenstrual dysphoric disorder (PMDD) before starting menstruation each cycle. Many community-based studies estimate that 20–40% of women will develop an episode of depression during the menopausal years. Menopausal depression has a high impact on overall quality of life. Menopausal Depression is common and may have significant implications for the individual, their families and work and for the health care system. Menopausal depression is accompanied by significant reductions in quality of life, social support, and disability like depression in women at other stages of life. As per the Harvard study of mood and cycles Premenopausal women with no lifetime history of major depression who entered the perimenopause were twice as likely to develop significant depressive symptoms as women who remained premenopausal, after adjustment for age at study enrollment and history of negative life events. Lastly, studies have consistently shown that women with high levels of depressive symptoms are at greater cardiovascular risk and have poorer cognitive function than non-depressed women. There lacks research regarding etiopathology of development of Depression in later life of the menopausal women who suffered from PMDD in their earlier age. It will be critical to know correlation between PMDD resulting in late life depression in menopausal time.

Aim: Researching if PMDD is a risk factor for developing menopausal depression.

Hypothesis: More than 30 % of women who suffer from menopausal depression will have PMDD during their childbearing age.

Approach: Survey based descriptive study which will use DSM -5 diagnostic criteria for PMDD in the survey along with severity scale of mild, moderate, and severe to be administered to women in the age group of 50 years and above.

Descriptive research analysis: Surveys results will be described for the findings of PMDD during reproductive age group and menopausal depression. I will be able to describe characters of the participants such as socioeconomic status, racial- ethnic backgrounds and other demographic characters.

Conclusions and Future directions: If the hypothesis is correct, then we will find high proportion of women suffering from menopausal depression who had PMDD during childbearing age.

Title: Revenge Sleep Procrastination and Burnout Among UNM Residents

Author: Adrian Anzaldúa, MD

Keywords: Burnout, Revenge Sleep Procrastination, Resident

Category: Poster without data

Background: There are a number of environmental factors that contribute to burnout syndrome, including loss of control over one's time. Revenge Sleep Procrastination (RSP) is a newly-identified phenomena defined by the National Sleep Foundation "the decision to sacrifice sleep for leisure time that is driven by a daily schedule lacking in free time". Revenge Sleep Procrastination may be one-way residents attempt to interrupt the causal chain between loss of control over one's time and burnout.

Hypothesis: While there has been much research into the sleep patterns of resident physicians, the phenomenon of Revenge Sleep Procrastination and its relation to burnout has not been investigated in this population. If shown to positively correlate with burnout, targeting Revenge Sleep Procrastination may help combat burnout in medical residents. The aim of this project is to describe the relationship between degree of revenge sleep procrastination and degree of burnout symptomatology. We hypothesize that there is a positive relationship between degree of revenge sleep procrastination and degree of burnout.

Methods: All UNM medical residents will be emailed an anonymous, cross-sectional survey of assess degree of revenge sleep procrastination, burnout, and other related sleep factors. The survey will be deployed one month in the late Winter/early Spring, when burnout is likely highest. Respondents will be paid \$10 in the form of a gift card. Data will be recorded anonymously to REDCap and analyzed.

Title: Associations Between Premenstrual Syndrome, Premenstrual Dysphoric Disorder, and Inflammation

Author: Dominique Price, MD, PhD

Keywords: Inflammation, PMDD, PMS

Category: Poster without data

Background/ Significance: 80% of women have premenstrual syndrome (PMS), a constellation of emotional and physical symptoms that occur during the luteal phase of the menstrual cycle in women. 5% of women experience worsening of these cyclical physical and emotional symptoms constituting a diagnosis of Premenstrual Dysphoric Disorder (PMDD). Inflammation status is known to change over the course of the menstrual cycle and has been shown to mediate physical PMS symptoms and implicated in mood symptoms. At present, the degree to which inflammation plays a role in the mood symptoms of PMS and PMDD is unknown.

Specific aim and Hypothesis: This research is aimed at defining associations of menstrual cycle-associated inflammation and the mood symptoms of PMS and PMDD. We hypothesize that there is a positive association with inflammatory markers and mood disturbances during the menstrual cycle, with highest levels in both measures during the luteal phase in women with PMS and PMDD.

Methods: We propose recruiting 30 reproductive-aged women with PMS and PMDD to the study. Women will engage in mood and physical symptom recording with the MacMaster Premenstrual Mood and Symptom Scale (MAC-PMSS) for two menstrual cycles. Additionally, serum CRP will be drawn pre- and luteal phase initiation. Association between CRP and MAC-PMSS score will be analyzed using linear regression.

Future Directions/ Implications: This study investigates the etiology of mood and physical symptoms associated with PMDD. If inflammation mediates PMDD mood symptoms, further understanding of the mechanism, identification of other key inflammatory players, and potential therapeutic benefit of anti-inflammatory agents would be the natural progression of this work.

Title: Understanding the Role of Healthcare Literacy in Psychiatric Hospitalization Readmission Rates

Author: Weston Kloster, MD

Keywords: Psychiatric readmission, healthcare literacy, hospitalizations

Category: Poster without data

Psychiatric inpatient readmission is a significant cause of overutilization and significant expense of valuable medical resources. It can lead to dangerous consequences for patients both emotionally and physically. It has been estimated that 40.40% of patients who had acute inpatient psychiatric intervention are readmitted after 90 days. Prior research has investigated multifactorial reasoning behind high readmission rates; however, we have not investigated the role of healthcare literacy – a patient’s understanding of DSMV diagnosis, psychotropic medications, and how to access social and outpatient resources – specifically on how this plays a role at the time of psychiatric hospital discharge and readmission. Through a quantitative yes/no questionnaire we will examine barriers in healthcare literacy of hospitalized patients at the time of discharge and follow their course for 90 days to assess readmission rates. We hypothesize that patients with lower healthcare literacy scores will have a higher rate of psychiatric inpatient readmissions within 90 days. Patients will be selected for the study based on a primary diagnosis of a mood disorder without psychotic features given associated anosognosia with psychotic illness that may affect healthcare literacy scores. Patients will be hospitalized at the University of New Mexico. Questionnaire will address understanding of healthcare literacy with yes/no responses and optional area for qualitative explanations to specific lack of understanding. The data may help guide future directions for psychiatric hospitalization for providers and staff to understand gaps in healthcare literacy knowledge and provide psychoeducation as an intervention in the future to help prevent readmissions.

Title: Exploring Patient-Reported Barriers to Accessing Treatment for Obsessive-Compulsive Disorder

Author: Emma Torncello, MD

Keywords: Obsessive-compulsive disorder, access, barriers

Category: Poster without data

Significance/Innovation/Background: Obsessive-Compulsive Disorder (OCD) affects up to 3% of individuals worldwide, with a substantial effect on functioning and quality of life for those impacted. It takes on average 10 years from the onset of symptoms for individuals to seek professional help, and 17 years from symptom onset for patients to receive effective treatment for OCD. Longer duration of untreated illness has been linked to increased rates of disability in work, social, and family life, decreased clinical response to serotonin reuptake inhibitor (SRI) treatment, and an increased risk of hospitalizations. Few studies have looked specifically at what factors may be driving such a significant delay in accessing appropriate care. Identifying and addressing barriers to seeking medical attention can assist both clinicians and patients themselves in identifying symptoms at an earlier stage, leading to enhanced outcomes through timely access to appropriate care.

Hypothesis & Specific Aims: Aim: to identify patient-reported barriers in accessing and receiving mental health care for OCD. This study will be hypothesis-generating.

Methods/Approach: A qualitative study design using a focus group of 7-10 participants utilizing questions aimed at exploring patient-reported barriers to:

Seeking out professional care for symptoms

Starting treatment specific to the diagnosis

Participants will be current patients at UNM outpatient psychiatry clinics with established OCD diagnosis.

Future Directions: The results of this study may be used to inform future efforts to address key factors driving the delay in diagnosis and treatment for those with OCD. Future studies may be conducted to further investigate themes identified in the current study.

Title: Inter Rater Reliability of the Modified Agitation Severity Scale in the Psychiatric Emergency Department July to December 2024

Author: David Andrade Silva

Keyword: Inter rater reliability, emergency services, agitation, behavior rating scale

Category: Poster without data

Significance: Psychomotor agitation is a common and ill-defined phenomenon that constitutes between 2.6% to 52% of all emergencies worldwide. Despite its prevalence, there is no consensus on how to rate agitation in Emergency settings where most of the decision making is done under subjective parameters.

It is unclear how different clinical staff rates agitation, this is worrisome as it can lead to increase in expenses and hospital stays for agitated patients.

Innovation: This study is innovative in being the first of its kind to examine use of a standardized agitation scale among providers in an emergency setting.

Specific aim: Define and compare objective measures of agitation between clinical staff in the Psychiatric emergency department.

Hypothesis: Significant variability exists between the assessment of agitation using the MASS, among those who work at the psychiatric emergency service.

Study design: Inferential single group (cohort) prospective study, using the Modified agitation severity scale (MASS) where the outcome of interest is the variability between groups (attending physicians, resident physicians, nurse, technician) while rating agitation in PES in a 6-month period.

Once data has been collected, we will use Analysis of Variance to determine differences between the specific provider subgroups.

Future directions: Findings of this project will help to start new research to attempt to validate this agitation scale on the psychiatric emergency service. Finally, it is the research team goal to develop a new instrument specifically constructed for emergency settings that can be easy and fast to administer.

Title: Effect on Illness and Antipsychotic Treatment on Striatal Structure and Chemistry in First Episode Psychosis

Author: Andreas Kruse, MD, Juan Bustillo, MD

Keywords: Psychosis, Neuroimaging, Striatum

Category: Poster without data

Background: Advances in neuroimaging have improved our understanding of brain regions involved in the pathophysiology of Schizophrenia. The Striatum is the structure with the highest concentration of Dopamine, a neurotransmitter implicated in pathogenesis of Schizophrenia, in the brain. Recent research has demonstrated differing volumes of the Globus pallidus, a striatal structure, comparing patients with first episode psychosis and healthy controls. A technique which allows for measurement of metabolites in the brain is proton magnetic resonance spectroscopy (1H-MRS). Two metabolites which can be measured with this technique are Glutamate and N-acetylaspartate (NAA). Variations in concentrations of these neurotransmitters have been reported in various brain structures among patients with Schizophrenia. However, analysis of concentrations of Glutamate and NAA in the Globus pallidum in conjunction with volume measures constitutes a gap in the literature.

Specific Aims: This study aims to examine differences in striatal volumes and concentrations of NAA and Glutamate in a population of antipsychotic-treated and naïve patients with first episode psychosis as well as healthy controls.

Methods: A study population of 69 patients and 51 controls have completed 1H-MRS. We plan to retrieve data on volumes and metabolite concentrations of striatal structures utilizing specialized imaging software and complete statistical analysis on group differences and perform multivariate multiple regression accounting for relevant covariates.

Future Directions: This study may aid to further understanding of the pathogenesis of psychotic disorders, help identify presumptive targets for neuromodulation therapy and contribute to diagnostic assessment of psychotic disorders.

Title: A Cooperative Video Game-based Intervention for Positive Symptoms of Schizophrenia

Author: Samuel MacDonald, MD

Keywords: Schizophrenia, Positive symptoms, social engagement

Category: Poster without data

Significance/Background/Innovation: A hypothesized contributor to positive symptoms in schizophrenia is the social deafferentation hypothesis, which asserts that social withdrawal in the prodrome of schizophrenia is the precipitant for later psychotic symptoms, and that persistent asociality exacerbates these symptoms. While some studies have shown an observational correlation between social engagement and less severe symptoms, cultivating social engagement is difficult in patients with schizophrenia. Seven prior studies have shown benefits from commercial video games for social functioning in patients with schizophrenia.

Aim: We aim to investigate a possible correlation between time spent playing a social video game and psychotic symptoms in schizophrenia.

Hypothesis: We hypothesize that participation in a social video game will reduce the severity of hallucinations and delusions in patients with schizophrenia.

Methods/Approach: We will recruit 30 patients with diagnoses of schizophrenia. Patients will participate in a modified (single-arm) crossover study. Once a sufficient number of patients are enrolled, all patients will be assessed for severity of hallucinations and delusions via PANSS, and then will be invited to participate in a UNM-hosted Minecraft server. After eight weeks of self-paced cooperative play, PANSS will be repeated, and the server will close. ANOVA will be performed comparing initial PANSS scores at the beginning of eight-week intervention to PANSS scores at completion of eight-week intervention, as well as to PANSS scores eight weeks after completion of intervention.

Limitations: Limitations include the lack of a control comparison group, low power, and selection bias.

Title Impact of Cannabis Legalization on Healthcare Utilization for Psychosis in New Mexico

Author: Ruth D'Cunha, MD

Keywords: Cannabis, Legalization, Psychosis

Category: Poster without data

Significance: Research shows a strong dose-response relationship between chronic use of high-potency cannabis and odds of developing psychosis. Emergency department visits involving psychosis have been shown to be increasing in the past few years. Studying the trends, we are seeing in New Mexico can help with future public health implications.

Research Questions: The aim of this study is to evaluate the impact of cannabis legalization on psychosis related ED visits in New Mexico.

Methods/Approach: Using administrative data from UNM Clinical & Translational Science Center (CTSC) data on county-level quarterly ED visits between June 2019, and June 2023, will use a applied a difference-in-difference analysis to examine how new exposure to recreational cannabis dispensaries after 2021 differentially influenced the rate of ED visits for psychosis, comparing counties in New Mexico with no prior medical cannabis dispensary exposure to counties with low or high medical dispensary exposure.

Future Directions: Looking at the trend of psychosis we are seeing in New Mexico is important for understanding the mental health impact of cannabis legalization. Based on the results on this study, we can further create different public health initiatives and different laws and policies in New Mexico. Future studies can look at age and if we are seeing earlier psychosis in New Mexico. Psychosis earlier in life can have a significant impact on an individual's quality of life and could have permeant consequences in growth and development particularly in youth.