

CALL FOR ABSTRACTS

Twelfth Annual Department of Psychiatry Research Day Thursday, June 7, 2012

We are pleased to announce that we will celebrate the **Twelfth Annual Department of Psychiatry Research Day** on Thursday, June 7, 2012. The event will take place in Ballrooms A/B of the University Club and the 2nd floor Auditorium at the Western Psychiatric Institute and Clinic (WPIC). This annual event to showcase the research accomplishments in our Department was first held in 2001 and has since become an important academic tradition.

This full-day event will feature a number of activities including a poster session, light lunch, keynote address, oral presentations, and an awards ceremony. We invite faculty, post-doctoral fellows, residents, research staff and graduate, undergraduate, and medical students to submit abstracts for poster presentations by April 6, 2012. The Research Day Committee* will review all abstracts and acceptance notifications for poster presentations will be sent out no later than May 4, 2012.

Note: If you have presented a research poster at a professional meeting during the current academic year, you may submit the abstract for that poster in the appropriate format for the 2012 Research Day.

The annual Faculty Mentorship Award will be presented by Dr. David Lewis, UPMC Professor in Translational Neuroscience and Chair, Department of Psychiatry, University of Pittsburgh School of Medicine. Best poster awards in various categories will be presented by Dr. David Kupfer, Thomas Detre Professor of Psychiatry and Professor of Neuroscience and Clinical and Translational Science.

Abstract guidelines are attached. All submissions must adhere to the stated content and format guidelines. All accepted abstracts will be distributed in booklet form to Research Day attendees.

Deadline for Submission of Abstracts – April 6, 2012

* **2012 RESEARCH DAY COMMITTEE MEMBERS:** Howard J. Aizenstein, M.D., Ph.D.; Charles W. Bradberry, Ph.D.; Anne Germain, Ph.D.; William E. Klunk, M.D., Ph.D.; Jeanie Knox Houtsinger; Beatriz Luna, Ph.D.; Marsha D. Marcus, Ph.D.; Brooke S. Molina, Ph.D.; Vishwajit L. Nimgaonkar, M.D., Ph.D.; Paul A. Pilkonis, Ph.D.; Neal D. Ryan, M.D.; Etienne Sibille, Ph.D.; Jennifer S. Silk, Ph.D.; Robert A. Sweet, M.D.; Michael J. Travis, M.D.; Hermi Woodward

2012 ANNUAL RESEARCH DAY - ABSTRACT GUIDELINES:

Please read carefully and follow the guidelines for preparing and submitting your abstract and refer to the attached sample abstract. All abstracts must strictly adhere to the following guidelines. Abstracts that do not adhere to the guidelines outlined below or that are incomplete will be returned to the author for revision. If the revised abstract is not returned promptly, it may not be accepted.

Deadline for Submission – April 6, 2012

Format

- Use 8.5-x-11-inch paper.
- **The top, left, right, and bottom margins must be 1 inch.**
- Line spacing must be single-spaced.
- Use Times Roman 12 point font.
- Abstracts may not include references, figures, tables or charts.
- **THE ABSTRACT CANNOT EXCEED ONE PAGE.**

Header - Enter the following data at the top of the form:

Presenter: Enter your full name and degree(s) here.

Education: Enter the name of the academic institution where you received your highest degree. If you are an undergraduate, medical student or intern, please insert the name of the academic institution where you are currently enrolled.

Current Position: Examples include Assistant Professor, Postdoctoral Fellow, Resident, Graduate, Undergraduate, Research Associate

Principal Area of Interest: Use a few keywords to describe your primary research interests.

Current Research Support: For each source of grant support, enter the name of the funding agency/sponsor, the grant ID number, and name of the principal investigator.

Mentor(s): Enter the full name and degrees of your mentor(s) here, if relevant.

***Title:* The title of your abstract must be in bold.**

Authors: List each author last name first followed by their first initial. If more than one academic affiliation will be listed under “Affiliations” below, you must insert a number in superscript by each author’s name to denote their individual academic institution affiliation.

Example:

Author(s): Goldstein T¹, Birmaher B¹, Axelson A¹, Goldstein B¹, Ryan ND¹, Strober M², Leonard H³, Hunt J³ and Keller M³

Affiliation(s): Enter the academic affiliation for each author so that it corresponds to the superscript notations for each author as listed above.

Example:

¹Department of Psychiatry, University of Pittsburgh School of Medicine,

²Department of Psychiatry, University of California Los Angeles School of Medicine;

³Department of Psychiatry, Brown University School of Medicine and Butler Hospital

Abstract: You must use the following format and include each of the sections listed below in the body of your abstract:

Study (Purpose/Relevance) - Describe the context and importance of the study and state the objective(s) of the study.

Methods - Include a description of the methods used considering study design, setting, population, measures, and analytic procedures.

Results - Describe the results in sufficient detail to support the conclusions.

Conclusions – Summarize and state your conclusions derived from the study.

Significance – State the implications of the findings for clinical practice, research, education, or policy.

Research/Grant Support – List all sources of support for the study including sponsor identification number and the name of the principal investigator.

Example:

NIMH MH12345 (PI: Joseph Smith, MD)

Submission – Please email your abstract to Jeanie Knox Houtsinger (knoxjv@upmc.edu) no later than **April 6, 2012**.

STUDENTS:

PLEASE PROVIDE US WITH A NON-UNIVERSITY EMAIL ADDRESS (E.G. JOES@GMAIL.COM, ETC.) AND A TELEPHONE NUMBER WHERE YOU CAN BE CONTACTED FOLLOWING THE END OF THE UNIVERSITY SPRING SEMESTER.

WE NEED THIS INFORMATION TO INSURE THAT YOU RECEIVE ALL ANNOUNCEMENTS REGARDING YOUR SUBMISSION.

Questions – Please contact the Department’s Director of Academic Affairs, Jeanie Knox Houtsinger (Telephone: [412] 246-6784; Email: knoxjv@upmc.edu).

Presenter: Tina R. Goldstein, PhD

Education: University of Colorado at Boulder

Current Position: Assistant Professor

Principal Area of Research Interest: Pediatric bipolar disorder

Current Research Support: NIMH K23 MH074581

Mentor(s): David Brent, MD; Boris Birmaher, MD

Psychosocial functioning among youth with bipolar disorder

Author(s): Goldstein T¹, Birmaher B¹, Axelson A¹, Goldstein B¹, Ryan ND¹, Strober M², Leonard H³, Hunt J³ and Keller M³

Affiliation(s): ¹Department of Psychiatry, University of Pittsburgh School of Medicine,

²Department of Psychiatry, University of California Los Angeles School of Medicine;

³Department of Psychiatry, Brown University School of Medicine and Butler Hospital

Study: Research indicates that adults with bipolar disorder (BP) exhibit substantial impairment in psychosocial functioning during mood episodes, and that functioning remains compromised during periods of illness remission. While evidence indicates that children and adolescents with BP also experience significant functional impairment, the association between psychosocial functioning and episodes of illness has not been examined in this population.

Methods: Subjects included 446 patients age 7 to 17 who met criteria for DSM-IV bipolar disorder via the K-SADS as part of the multi-site Course and Outcome of Bipolar Youth (COBY) study. Trained evaluators administered the Psychosocial Functioning Schedule of the Adolescent Longitudinal Interval Follow-Up Assessment (A-LIFE) at study intake.

Results: BP youth in an affective episode at intake (n = 286, 64%) had global functioning scores in the fair to poor range, reflecting mild to moderate functional impairment. Such impairment was evident across work and interpersonal domains, whereas recreational functioning was good. Subjects endorsed mild to moderate dissatisfaction with their current level of functioning. Participants were equally impaired regardless of the polarity of the index episode. Ratings indicate that functioning was also compromised among BP youth in partial remission or recovery (n = 161, 36%), with global functioning in the fair range, slight impairment in both work and interpersonal domains, good recreational functioning, and mild dissatisfaction with functional level.

BP youth in-episode were significantly more impaired than those in partial remission/recovery in every functional domain examined, and were less satisfied with their functioning.

Conclusion: Pediatric BP is associated with significant impairment in psychosocial functioning both during and between episodes, with greater impairment during mood episodes than during partial remission/recovery.

Significance: The present findings highlight the importance of future work on the development and evaluation of interventions aimed at improving psychosocial functioning for BP youth.

Funding Source: NIMH grants MH59929 (PI: Boris Birmaher, MD), MH59977 (PI: M. Strober, MD), and MH59691 (PI: Martin Keller, MD).