



The Northern New England Clinical Trials Network



Volume 3, Issue 1

October 2005

Notes from Capital Hill

LIFTING THE TREATMENT CAP: Amendment to the Drug Abuse and Treatment Act – bill S.45

Special Topics:

- *Notes from Capital Hill*
- *CTPs in the News*
- *Protocol Updates*
- *Clinical Tips*



In July 2005, Congress passed legislation (bill S.45) amending the Drug Abuse and Treatment Act (DATA) by removing the 30-patient limit previously applied to group medical practices treating opiate addiction with buprenorphine.

Therefore, while physicians are still limited to treating 30 patients under the new legislation, a group practice or clinic with can treat as many patients as they have physicians to meet the need. For instance, two physicians at one clinic or practice can now treat up to 60 patients for opiate addiction with buprenorphine; with three physicians, up to 90 patients can receive buprenorphine treatment, and so forth.

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This bill was officially enacted on Aug 2, 2005, becoming Public Law No: 109-56. ~

Upcoming Meetings

- **NIH Roadmap Workshop**
October 24, 2005
Bethesda, MD
- **Steering Committee Conference**
October 25-28, 2005
Bethesda, MD
- **NNEN Executive Committee Face-to-Face Meeting**
October 31, 2005 from 10am-12pm
McLean Hospital—Belmont, MA
- **Data & Safety Monitoring Board**
November 17-18, 2005
Bethesda, MD



This newsletter is designed to help everyone in our quickly expanding Node stay up-to-date with CTN news. If you have questions, comments, or suggestions for the newsletter please contact Elena Loftus (eloftus@mclean.harvard.edu).



Protocol Updates

Active Protocols

CTN-0010: Treating Opioid Dependent Adolescents/Young Adults

Lead Node: Delaware Valley Node

Lead Investigator: George E. Woody, M.D.

This study compares two 3-month treatments for adolescents/young adults who are addicted to heroin. The researchers believe the use of a 3-month stabilization with buprenorphine/naloxone in combination with psychosocial therapy reduces participant heroin use, improves compliance with treatment, and improves overall adjustment more effec-

tively than brief detoxification with buprenorphine.

CTN-0010 has currently recruited 23 participants. The study is dosing two people on a daily basis.

Staff report that while the last few weeks have been slow for recruiting, an ad will soon be run in the local free newspaper aimed at young adults, and the Project Coordinator will be reestablishing old referral contacts in the area.

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CTPs In the News

Counselor: 'A good day when no one dies'

The Salem News, January 2005 – This article provides a snapshot of CAB Health and Recovery Services day-to-day experience from the drug counselors' point of view. Counselor Steven Chisholm, a 13-year CAB veteran, was interviewed about the challenges of working in opiate detox and how he avoids burn-out.

The same issue covered a seminar scheduled for January 13, 2005 hosted by the Essex County Anti-Crime Council and convened by DA Jonathan Blodgett and Sheriff Frank Cousins and inviting parents to attend and discuss community problems stemming from heroine and prescription opiate addiction. Clay Yeager was the keynote speaker. ~

Secondhand Smoke is dangerous for kids

The Salem News, January/February 2005 – Dr. Michael Levy, Director of CAB, responded to some frequently asked medical questions, first about of the dangers of exposing children to second-hand smoke, second about problems inherent in self-treating with alcohol to get to sleep. ~

Narcotics-related fatalities rise in Massachusetts

The Boston Globe, June 2005 – This article published over the summer outlined results from a ten-year study issued by the Department of Public health reporting a sharp increase in narcotic-related deaths in this state in recent years, citing findings such as “drugs were deadlier than motor vehicles,” and that Massachusetts has six times the number of drug overdoses as thirteen years ago. Elizabeth Funk, president of Mental Health and Substance Abuse Corporations of Massachusetts, describes the problem as a “major crisis.” The article goes into further depth. ~

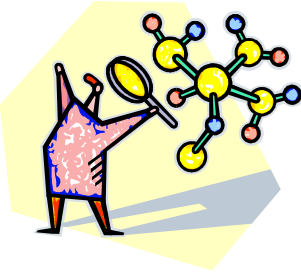
Call for Submissions: "Notes From The Field"

This section of the newsletter is intended to be a forum for CTN clinicians to share and benefit from each others' ideas, knowledge and experiences. If interested, please submit an article to Elena Loftus at: eloftus@mclean.harvard.edu.



Active Protocols *(continued from page 2)*

CTN-0017: HIV and HCV Intervention In Drug Treatment Settings



Lead Node: Rocky Mountain Region Node/Oregon Node
Lead Investigator: Robert Booth, Ph.D.

This study tests two strategies to reduce the risk of contracting HIV or HCV by reducing risk behaviors in patients undergoing drug detoxification. The first includes pre-test counseling, testing, post-test counseling, and the provision of HIV/HCV results. The second strategy, called therapeutic alliance, provides clients with information to guide them through the process of role induction and aims to facilitate transition to continuing care for drug treatment. Both strategies are being compared to standard care in drug detoxification settings.

The CTN-0017 study is being conducted locally within the Northern New England Node at Stanley Street Treatment & Resources, Inc. (SSTAR) in Fall River, Massachusetts and North Kingstown, Rhode Island.

As of September 16, 2005, 72 participants have been randomized in Fall River and 67 participants have been randomized in North Kingstown. Recruitment is scheduled to end in early December; the target recruitment goal is 101 participants per site.

Follow-up rates break out as follows:

- Month 1: 89.5%
- Month 2: 82.4%
- Month 3: 80.0%
- Month 6: 100.0%

CTN-0020: Job-Seekers Training for Patients with Drug Dependence

Lead Node: Mid-Atlantic Node
Lead Investigator: Dace Svikis, Ph.D.

This study examines the effectiveness of a 12-hour basic job-training program designed to give patients the skills they need to find and secure a job and set vocational goals and methods for locating employment.

With enrollment scheduled to stop on November 30th, the Job Seekers Workshop is approaching enrollment targets at both NNE sites.

Recruiting has been particularly strong at CAB Danvers, where our staff has enrolled 28 of a targeted 37 participants (up from an initial target of 30). In Salem, enrollment has been a touch slower than initially hoped, but 40 out of a targeted 51 participants have still been recruited (revised downward from an initial target of 52). Seasonality in employment observed at both sites is anticipated to work in the study's favor this fall.

Across the board, follow-up numbers are very strong; in Danvers, the 6-month follow-up rate is 100%.

CTN-0020's success has been enabled by the consistently excellent work of RA's Kate DellaPorta, Jamie Lolley, and Kate Szilagyi (who left in June to pursue a career in NYC), as well as the efforts of the staff at CAB, including Amy Briggs (now in New Orleans), Marty Barry, Steve Chisolm, Kathy Guevara, Donna Harrington, Dina Keaney, Charlie Leventis, and Michael Levy.



(continued page 4)



Protocol Updates

(continued)



Participants will be randomly assigned groups receiving either OROS-MPH or a matching placebo. All participants will receive individual, manualized CBT (Cognitive Behavioral Therapy). The CBT will consist of approximately one 60-minute session per week during Weeks 1-16, and will focus on the treatment of the adolescent's substance use disorder.

Status

Implementation planning for CTN-0028 is moving along well. SSTAR in Fall River, under the leadership of Nancy Paull, is one of three Wave 1 sites for this study. McLean's IRB has approved the protocol with minor changes, and the staff at SSTAR is moving forward with staff hiring.

CTN-0028 is lucky to have already two experienced researchers on board: Genie Bailey, who is the site PI and Study Staff Physician, and Michelle Rapoza, serving as the Research Assistant. A terrific candidate has been identified for the Medical Clinician/Study Site Coordinator position, and two CBT clinicians will be hired as well.

Training begins in October, and enrollment should start the beginning of January.

CTN-0029: Treating Smokers with Attention Deficit Hyperactivity Disorder (ADHD)
Lead Node: Northern New England Node
Lead Investigator: Timothy Wilens, M.D.

This randomized, two-group study compares the use of Osmotic-Release Methylphenidate (OROS-MPH) vs. placebo in the treatment of smokers who are diagnosable with attention deficit hyperactivity disorder (ADHD).

The primary objective of the study is to determine whether or not OROS-MPH increases the effectiveness of standard smoking treatment (i.e., nicotine patch and individual smoking cessation counseling) in obtaining prolonged abstinence for smokers with ADHD.

New Protocols

CTN-0028: Treating ADHD in Adolescents with Substance Use Disorders

Lead Node: Rocky Mountain

Lead Investigator: Paula Riggs, M.D.

Co-Lead Investigator: Theresa Winhusen Ph.D.

Co-Lead Medical Investigator: Robert Davies, M.D.

This trial will evaluate use of Osmotic-Release Methylphenidate (OROS-MPH/Concerta) in treating adolescents who are diagnosable with ADHD and SUD (Substance Use Disorder).

10-13 sites will each randomize between 20 and 60 participants, with a target average of 30 randomized participants from each site. The resulting 300-participant study population will include adolescents 13-18 years old with ADHD (according to DSM-IV criteria) and at least one non-nicotine SUD (excluding opioid dependence).



New Protocols *(continued)*

The CTN-0029 protocol is being conducted locally within the Northern New England Node at the Pediatric Psychopharmacology Research Unit of Massachusetts General Hospital in Cambridge, Massachusetts.

Dr. Timothy Wilens, the Principal Investigator, is an expert in the treatment of ADHD, bipolar disorder, and substance abuse, and the pharmacotherapy of ADHD and juvenile bipolar disorder across the lifespan. Julia Whitley is the study site coordinator for this protocol.

Status

The study staff recently completed the protocol-specific training hosted by the Ohio Valley Node affiliated with the University of Cincinnati in Newport, Kentucky September 12-16, 2005. Screening for the study is anticipated to begin in mid-November and the shipment of study medication should arrive by the end of November 2005.

CTN-0030: The Opioid Analgesic Dependence Treatment Study

Lead Node: *Northern New England Node*

Lead Investigator for Implementation:

Roger Weiss, M.D.

Lead Investigator for Development:

Walter Ling, M.D.

In this two-phase study, opioid analgesic dependent participants who wish to withdraw and abstain from opioid use will undergo (first phase) four weeks of treatment with buprenorphine, while receiving either “standard medical management” (SMM) or SMM plus twice weekly individual drug counseling (enhanced medical management, or EMM). Participants who are successful in the first phase will be followed for eight weeks.

Participants who fail in the first phase (or during first phase follow-up) will be eligible for 12 weeks

of stabilization treatment with buprenorphine, plus randomly assigned SMM or EMM, followed by a four-week taper and eight weeks of follow-up.

The primary purpose of this study is to determine the benefit, if any, of individualized drug counseling over SMM in both short and long-term treatment paradigms.

The first wave of the study (a feasibility study) is planned for an April launch at three sites yet to be selected.

The second wave, consisting of an additional nine sites (also yet to be selected), is set for a Fall 2006 launch.

Status

The CTN-0030 protocol is currently being evaluated by the Lead Node’s IRB and is expected to receive final approval in October.

A Site Selection Survey has been distributed to interested sites. The deadlines for returning the Site Survey in time for a site to be considered for participation in the CTN-0030 study are:

- For Wave 1 of the study: October 21, 2005.
- For Wave 2 of the study: December 15, 2005.





Clinical Tips

QUICK REFERENCE TO PSYCHOTROPIC MEDICATION®

2003 Update

DEVELOPED BY JOHN PRESTON, PSY.D., ABPP

To the best of our knowledge recommended doses and side effects listed below are accurate. However, this is meant as a general reference only, and should not serve as a guideline for prescribing of medications. Please check the manufacturer's product information sheet or the P.D.R. for any changes in dosage schedule or contraindications. (Brand names are registered trademarks.)

ANTIDEPRESSANTS

NAMES		Usual Daily Dosage Range	Sedation	ACH ¹	NE	Selective Action On Neurotransmitters ²	
Generic	Brand					5-HT	DA
imipramine	Tofranil	150-300 mg	mid	mid	++	+++	0
desipramine	Norpramin	150-300 mg	low	low	+++++	0	0
amitriptyline	Elavil	150-300 mg	high	high	++	++++	0
nortriptyline	Aventyl, Pamelor	75-125 mg	mid	mid	+++	++	0
protriptyline	Vivactil	15-40 mg	mid	mid	++++	+	0
trimipramine	Surmontil ³	100-300 mg	high	mid	++	++	0
doxepin	Sinequan, Adapin ³	150-300 mg	high	mid	++	+++	0
clomipramine	Anafranil	150-250 mg	high	high	0	+++++	0
maprotiline	Ludiomil	150-225 mg	high	mid	+++++	0	0
amoxapine	Asendin	150-400 mg	mid	low	+++	++	0
trazodone	Desyrel	150-400 mg	mid	none	0	++++	0
fluoxetine	Prozac ⁴ , Sarafem	20-80 mg	low	none	0	+++++	0
bupropion-S.R.	Wellbutrin-S.R. ⁴	150-400 mg	low	none	++	0	++
sertraline	Zoloft	50-200 mg	low	none	0	+++++	0
paroxetine	Paxil, Paxil-CR ⁴	20-50 mg	low	low	+	+++++	0
venlafaxine-X.R.	Effexor-X.R. ⁴	75-350 mg	low	none	++	+++	+
nefazodone	Serzone	100-500 mg	mid	none	+	++++	0
fluvoxamine	Luvox	50-300 mg	low	low	0	+++++	0
mirtazapine	Remeron	15-45 mg	mid	mid	+++	+++	0
citalopram	Celexa	10-60 mg	low	none	0	+++++	0
escitalopram	Lexapro	5-20 mg	low	none	0	+++++	0
duloxetine	Cymbalta	20-80 mg	low	none	++++	++++	0
atomoxetine	Strattera	60-120 mg	low	low	+++++	0	0
reboxetine	Vestra	4-8 mg	low	none	+++++	0	0
MAO INHIBITORS							
phenelzine	Nardil	30-90 mg	low	none	+++	+++	+++
tranylcypromine	Parnate	20-60 mg	low	none	+++	+++	+++

¹ACH: Anticholinergic Side Effects

²NE: Norepinephrine, 5-HT: Serotonin, DA: Dopamine (0 = no effect, + = minimal effect, +++ = moderate effect, ++++ = high effect)

³Uncertain, but likely effects

⁴Available in standard formulation and time release (XR, SR or CR). Prozac available in 90mg time released/weekly formulation

MOOD STABILIZERS

NAMES				NAMES			
Generic	Brand	Daily Dosage Range	Serum ¹ Level	Generic	Brand	Daily Dosage Range	Serum ¹ Level
lithium carbonate	Eskalith, Lithonate	600-2400	0.6-1.5	divalproex	Depakote	750-1500	50-100
olanzapine	Zyprexa	5-20		gabapentin	Neurontin	300-2400	(2)
carbamazepine	Tegretol	600-1600	4-10+	lamotrigine	Lamictal	200-500	(2)
oxcarbazepine	Trileptal	1200-2400	(2)	topiramate	Topamax	50-300	(3)

¹Lithium levels are expressed in mEq/l, carbamazepine and valproic acid levels express in mcg/ml.

²Serum monitoring may not necessary ³Not yet established

ANTI-OBSESSIONAL

NAMES		
Generic	Brand	Dose Range ¹
clomipramine	Anafranil	150-250 mg
fluoxetine	Prozac ¹	20-80 mg
sertraline	Zoloft ¹	50-200 mg
paroxetine	Paxil ¹	20-60 mg
fluvoxamine	Luvox ¹	50-300 mg
citalopram	Celexa ¹	10-60 mg
escitalopram	Lexapro ¹	5-20 mg

¹often higher doses are required to control obsessive-compulsive symptoms than the doses generally used to treat depression.

PSYCHO-STIMULANTS

NAMES		
Generic	Brand	Daily Dosage ¹
methylphenidate	Ritalin	5-50 mg
methylphenidate	Concerta ²	18-54 mg
methylphenidate	Metadate	5-40 mg
dexmethylphenidate	Focalin	5-40 mg
dextroamphetamine	Dexedrine	5-40 mg
pemoline	Cylert	37.5-112.5 mg
d- and l-amphetamine	Adderall	5-40 mg
modafinil	Provigil	100-400 mg

¹Note: Adult Doses. ²Sustained release



Clinical Tips *(continued)*

ANTIPSYCHOTICS								
NAMES								
Generic	Brand	Dosage Range ¹	Sedation	Ortho ²	EPS ³	ACH Effects ⁴	Equivalence ⁵	
LOW POTENCY								
chlorpromazine	Thorazine	50-800 mg	high	high	++	++++	100 mg	
thioridazine	Mellaril	150-800 mg	high	high	+	++++	100 mg	
clozapine	Clozaril	300-900 mg	high	high	0	++++	50 mg	
mesoridazine	Serentil	50-500 mg	high	mid	+	++++	50 mg	
quetiapine	Seroquel	150-400 mg	mid	mid	+/-	+	50 mg	
HIGH POTENCY								
molindone	Moban	20-225 mg	low	mid	+++	+++	10 mg	
perphenazine	Trilafon	8-60 mg	mid	mid	++++	++	10 mg	
loxapine	Loxitane	50-250 mg	low	mid	+++	++	10 mg	
trifluoperazine	Stelazine	2-40 mg	low	mid	++++	++	5 mg	
fluphenazine	Prolixin ⁶	3-45 mg	low	mid	+++++	++	2 mg	
thiothixene	Navane	10-60 mg	low	mid	+++	++	5 mg	
haloperidol	Haldol ⁵	2-40 mg	low	low	+++++	+	2 mg	
pimozide	Orap	1-10 mg	low	low	+++++	+	1-2 mg	
risperidone	Risperdal	4-16 mg	low	mid	+	+	1-2 mg	
olanzapine	Zyprexa	5-20 mg	mid	low	+/-	+	1-2 mg	
ziprasidone	Geodon	60-160 mg	low	mid	+/-	++	10 mg	
aripiprazole	Abilify	15-30 mg	low	low	+/-	+	2 mg	

¹Usual daily oral dosage
²Orthostatic Hypertension Dizziness and falls
³Acute: Parkinson's, dystonias, akathisia. Does not reflect risk for tardive dyskinesia. All neuroleptics may cause tardive dyskinesia, except clozapine.
⁴Anticholinergic Side Effects.
⁵Dose required to achieve efficacy of 100 mg chlorpromazine.
⁶Available in time-release IM format.

ANTI-ANXIETY				
NAMES				
Generic	Brand	Single Dose Dosage Range	Equivalence ¹	
BENZODIAZEPINES				
diazepam	Valium	2-10 mg	5 mg	
chlordiazepoxide	Librium	10-50 mg	25 mg	
prazepam	Centrax	5-30 mg	10 mg	
clorazepate	Tranxene	3.75-15 mg	10 mg	
clonazepam	Klonopin	0.5-2.0 mg	0.25 mg	
lorazepam	Ativan	0.5-2.0 mg	1 mg	
alprazolam	Xanax	0.25-2.0 mg	0.5 mg	
oxazepam	Serax	10-30 mg	15 mg	
OTHER ANTIANXIETY AGENTS				
buspirone	BuSpar	5-20 mg		
hydroxyzine	Atarax, Vistaril	10-50 mg		
propranolol	Inderal	10-80 mg		
atenolol	Tenormin	25-100 mg		
guanfacine	Tenex	0.5-3 mg		
clonidine	Catapres	0.1-0.3 mg		

¹Doses required to achieve efficacy of 5 mg of diazepam

OVER THE COUNTER	
Name	Daily Dose
St. John's Wort ^{1,3}	600-1800 mg
SAM-e ²	400-1600 mg

¹Treats depression and anxiety
²Treats major depression
³Many O.T.C. products may cause drug-drug interactions

HYPNOTICS			
NAMES			
Generic	Brand	Single Dose Dosage Range	
flurazepam	Dalmane	15-30 mg	
temazepam	Restoril	15-30 mg	
triazolam	Halcion	0.25-0.5 mg	
estazolam	ProSom	1.0-2.0 mg	
quazepam	Doral	7.5-15 mg	
zolpidem	Ambien	5-10 mg	
zaleplon	Sonata	5-10 mg	
diphenhydramine	Benadryl	25-100 mg	

COMMON SIDE EFFECTS

ANTICHOLINERGIC EFFECTS (block acetylcholine)

- dry mouth
- constipation
- urinary retention
- blurred vision
- memory impairment
- confusional states

EXTRAPYRAMIDAL EFFECTS (dopamine blockade in basal ganglia)

- Parkinson-like effects: rigidity, shuffling gait, tremor, flat affect, lethargy
- Dystonias: spasms in neck and other muscle groups
- Akathisia: intense, uncomfortable sense of inner restlessness
- Tardive dyskinesia: often a persistent movement disorder (lip smacking, writhing movements, jerky movements)

Note: The above are common side effects. All medications can produce specific or unique side effects. For a more complete description, please see references listed below

REFERENCES and RECOMMENDED BOOKS

Handbook of Clinical Psychopharmacology For Therapists (2002) Preston, O'Neal and Talaga

Quick Reference • Free Downloads
 Website: www.PsyD-fx.com
 E-mail: bppad@yahoo.com

Clinical Psychopharmacology Made Ridiculously Simple 4th Edition (2003) Preston and Johnson

Available from: P.A. Distributors, P.O. Box 1214, Shingle Springs, CA 95682, (530) 672-2627



Mental Health Observances — 4th Quarter

October 2005

- Domestic Violence Awareness Month
- National Brain Injury Awareness Month
- National Depression and Mental Health Month
- National Disability Employment Awareness Month
- National Family Health Month
- Talk About Prescriptions Month

- October 4th National Child Health Day
- October 3-9 Mental Illness Awareness Week
- October 8 World Mental Health Day
- October 9 National Depression Screening Day
- October 17-23 National Healthcare Quality Week
- October 18-24 National Health Education Week
- October 19-27 National Red Ribbon Celebration
- October 23-31 National Health Education Week

November 2005

- National Alzheimer's Disease Awareness Month
- National Child Mental Health Month
- National Epilepsy Awareness Month
- National Family Caregivers Month
- National Home Care Month
- National Hospice Month

- November 7-13 National Allied Health Week
- November 21-27 National Family Week

December 2005

- National Drunk and Drugged Driving Prevention Month
- Safe Toys and Gifts Month

What is the Clinical Trials Network?

The National Institute on Drug Abuse (NIDA) Clinical Trials Network mission is twofold:

1. Conduct studies of behavioral, pharmacological, and integrated behavioral and pharmacological treatment interventions of therapeutic effect in rigorous, multi-site clinical trials to determine effectiveness across a broad range of community-based treatment settings and diversified patient populations; and
2. Transfer the research results to physicians, providers, and their patients to improve the quality of drug abuse treatment throughout the country using science as the vehicle.

