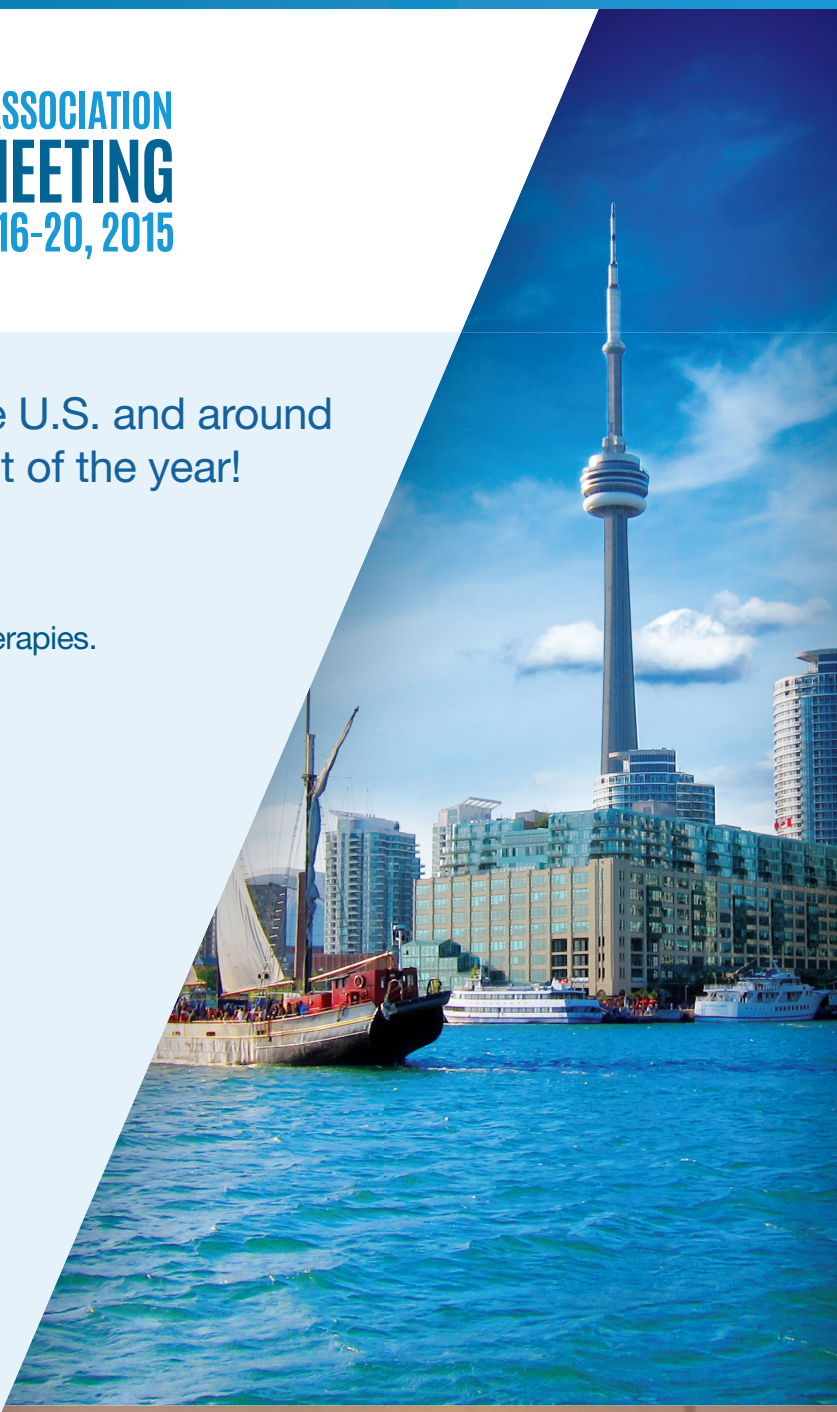
PSYCHIATRY: INTEGRATING BODY AND MIND, HEART AND SOUL

AMERICAN PSYCHIATRIC ASSOCIATION 168TH ANNUAL MEETING

Toronto, Canada • May 16-20, 2015



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Psychiatrist – Wisconsin

Inpatient/Outpatient

HealthPartners Medical Group is a top Upper Midwest multispecialty physician practice based in Minnesota and western Wisconsin. Our award-winning Behavioral Health team is 25+ psychiatrists-strong and focused in multidisciplinary inpatient and outpatient settings. Together with social workers, nurses, PAs, therapists and OTs, we provide exceptional care to our community and are dedicated to the health and well-being of our patients.

We have an exciting full-time opportunity for a talented and caring BC/BE Psychiatrist to join our group at the Amery Regional Medical Center (ARMC) in beautiful Amery, Wisconsin. This key position provides direct inpatient and outpatient care as part of our psychiatric treatment program at ARMC and nearby care sites. Leadership and other practice growth opportunities are available.

ARMC is a progressive western Wisconsin community hospital located about an hour east of the Minneapolis/St. Paul metropolitan area. The Amery community offers the variety of a bigger city with a sense of hometown hospitality. With an excellent school system and abundant sporting/outdoor/recreational offerings, Amery is an ideal place to put down family and practice roots. For hospital and community information, visit **www.amerymedicalcenter.org** and **www.amerywisconsin.org**.

HealthPartners offers a competitive compensation and benefits package, paid malpractice coverage and a rewarding practice environment with support from our Twin Cities-based group. For consideration, please apply online at **healthpartners.com/careers**, forward your CV and cover letter to **lori.m.fake@healthpartners.com**, or call Lori at **(800) 472-4695 x1**. EOE

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GRU GEORGIA REGENTS UNIVERSITY | Medical College of Georgia

The Department of Psychiatry and Health Behavior at the Medical College of Georgia at Georgia Regents University (GRU) now seeks BC/BE general and forensic psychiatrists to lead the expansion of the public psychiatry partnership with the Georgia Department of Behavioral Health and Developmental Disabilities. Positions will manage psychiatric medical care at East Central Regional Hospital (ECRH)-Augusta (located only five miles from the medical school campus), a GRU teaching facility with a 90-bed psychiatric facility, 71 forensic beds and a developmental disabilities facility caring for 200 individuals. Faculty positions at will have the opportunity to teach or conduct research at the main medical school campus.

Faculty positions at ECRH will enjoy all the rights and privileges of a full-time faculty appointment, including a faculty benefits package that surpasses all expectations.

Augusta, home of the Master's golf tournament and a charming Southern city, is a superb place to live! Low cost of living, close to Georgia/Carolina mountains and Georgia/Florida coast.

Salary and fringe benefits are highly competitive.

Job Qualifications:
Qualifications include licensure to practice medicine at a state institution or in the state of Georgia as provided by state laws is required. The final candidate will be required to provide proof of completed academic degree in the form of an original transcript. Preferred qualifications include experience in treating persons with serious and persistent mental illnesses, and completed Residency in Psychiatry.

To Apply:
Visit the GRU website at http://www.gru.edu/jobs/faculty - Job ID number 5770 and position number 00009882 to submit your application and resume. Georgia Regents University of Augusta is an equal employment, equal access, and equal education opportunity and affirmative action institution. It is the policy of the University to recruit, hire, train, promote and educate persons without regard to age, disability, gender, national origin, race, religion, sexual orientation or veteran status.

Intermountain® Healthcare

Intermountain Healthcare has openings for Psychiatrists:

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UC Irvine Health
School of Medicine

The University of California, Irvine, School of Medicine, invites applicants for **Chair** of the **Department of Psychiatry and Human Behavior**. This position will be a tenured senate (FTE) professorial position.

The University of California, Irvine (UC Irvine) has a vibrant scientific community with outstanding collaborative opportunities, including, but not limited to, basic and clinical neuroscience, imaging, translational biomedical science, stem cell research, biomedical informatics, pharmaceutical sciences and genomic medicine. The newly built UC Irvine Douglas Hospital is a 392-bed tertiary care medical center and is home to specialty services including an NCI-designated comprehensive cancer center, a certified stroke and cerebrovascular center, a regional burn center, and the only Level I trauma center in Orange County. UC Irvine is internationally renowned in fundamental neuroscience, and is home to two of the top twenty neuroscience departments in the United States.

The primary clinical facilities of the Department are housed in the 100,000 square foot Neuropsychiatric Center. Currently, there are 50 open acute beds consisting of an acute adult unit, a medical/psychiatric unit and an adolescent unit. Additionally, there is a partial hospital program and a structured outpatient program for adolescents. Soon to be opened will be a partial hospitalization program for adults concentrating on mood disorders, eating disorders and personality disorders. The Department operates outpatient programs at the Neuropsychiatric Center and contiguous to the main university campus in Irvine. Approximately, 15,000 patient visits are delivered annually. The primary research facilities of the Department are housed on the Irvine campus. The Department has maintained a tradition of excellence in research with successful extramural funding in basic and translational neuroscience, neuro-imaging, and immunology, among others. The Department has 23 faculty members and has strong affiliations with the Long Beach Veteran's Administration Healthcare System, Long Beach Memorial Medical Center, Children's Hospital of Orange County and a variety of community agencies.

The Department has a residency training program and a specialty fellowship in child/adolescent psychiatry. The residency program is highly competitive and always fills its 9 slots per year. Board passage rates are virtually 100%. The Child Psychiatry fellowship program is approved for 6 fellows and is always filled. The interactive environment encourages individuals to excel and achieve their professional and personal goals in education, clinical care, and research. The Department also provides a major teaching role to medical students with a required clerkship, behavioral science and ethics course, and numerous electives.

Applicants for this position should possess an M.D. degree or both M.D. and Ph.D. degrees, certification in psychiatry by the ABPN and meet requirements for appointment to a tenured senate (FTE) professorial position. Candidates should have a strong record of scholarly activity, evidenced by high quality peer reviewed publications and a stellar record of sustained extramural funding. Candidates must be eligible for a medical license in the State of California. We expect the successful candidate to possess an excellent clinical record of expertise. Solid experience in administering psychiatric inpatient and outpatient clinical services would be a significant advantage. The successful candidate must also have a strong record of teaching. Finally, the candidate must have good interpersonal skills, and be able to work cooperatively and congenially within a diverse academic and clinical environment. Candidates with leadership skills and vision for enhancing the clinical and academic components of a multi-disciplinary department are especially encouraged to submit applications. Interested applicants are invited to complete an online application profile and upload their curriculum vitae electronically to the following web site: https://recruit.ap.uci.edu/apply/JPF02692

The University of California, Irvine is an Equal Opportunity/Affirmative Action Employer advancing inclusive excellence. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability, age, protected veteran status, or other protected categories covered by the UC nondiscrimination policy. UCI is responsive to the needs of dual career couples, is dedicated to work-life balance through an array of family-friendly policies, and is the recipient of an NSF ADVANCE Award for gender equity.

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VYVANSE® (lisdexamfetamine dimesylate) Capsules

10, 20, 30, 40, 50, 60, 70 mg **CII** **Rx Only**

BRIEF SUMMARY: Consult the Full Prescribing Information for complete product information.

WARNING: ABUSE AND DEPENDENCE

CNS stimulants (amphetamines and methylphenidate-containing products), including VYVANSE, have a high potential for abuse and dependence. Assess the risk of abuse prior to prescribing and monitor for signs of abuse and dependence while on therapy.

INDICATIONS AND USAGE

VYVANSE® is indicated for treatment of moderate to severe Binge Eating Disorder (BED).

Limitation of Use: VYVANSE is not indicated for weight loss. Use of other sympathomimetic drugs for weight loss has been associated with serious cardiovascular adverse events. The safety and effectiveness of VYVANSE for the treatment of obesity have not been established.

DOSAGE AND ADMINISTRATION

- Recommended starting dose: 30 mg once daily in the morning
- Titrate in increments of 20 mg at approximately weekly intervals to achieve the recommended target dose of 50 to 70 mg/day
- Maximum dose: 70 mg/day
- Discontinue VYVANSE if binge eating does not improve.
- Severe renal impairment: Maximum dose should not exceed 50 mg/day
- End stage renal disease (ESRD): Maximum recommended dose is 30 mg/day
- Prior to treatment, assess for presence of cardiac disease

CONTRAINDICATIONS

VYVANSE is contraindicated in patients with:

- Known hypersensitivity to amphetamine products or other ingredients of VYVANSE. Anaphylactic reactions, Stevens-Johnson Syndrome, angioedema, and urticaria have been observed in postmarketing reports.
- Concurrent administration of monoamine oxidase inhibitors (MAOI) or administration of VYVANSE within 14 days of the last MAOI dose. Hypertensive crisis can occur.

WARNINGS AND PRECAUTIONS

Potential for Abuse and Dependence *(See Boxed Warning Above)*

Serious Cardiovascular Reactions

Sudden death, stroke and myocardial infarction have been reported in adults with CNS stimulant treatment at recommended doses. Sudden death has been reported in children and adolescents with structural cardiac abnormalities and other serious heart problems taking CNS stimulants at recommended doses for ADHD. Avoid use in patients with known structural cardiac abnormalities, cardiomyopathy, serious heart arrhythmia, coronary artery disease, and other serious heart problems. Further evaluate patients who develop exertional chest pain, unexplained syncope, or arrhythmias during VYVANSE treatment.

Blood Pressure and Heart Rate Increases

CNS stimulants cause an increase in blood pressure (mean increase about 2-4 mm Hg) and heart rate (mean increase about 3-6 bpm). Monitor all patients for potential tachycardia and hypertension.

Psychiatric Adverse Reactions

Exacerbation of Pre-existing Psychosis

CNS stimulants may exacerbate symptoms of behavior disturbance and thought disorder in patients with a pre-existing psychotic disorder.

Induction of a Manic Episode in Patients with Bipolar Disorder

CNS stimulants may induce a mixed/manic episode in patients with bipolar disorder. Prior to initiating treatment, screen patients for risk factors for developing a manic episode.

New Psychotic or Manic Symptoms

CNS stimulants, at recommended doses, may cause psychotic or manic symptoms, e.g. hallucinations, delusional thinking, or mania in children and adolescents without a prior history of psychotic illness or mania. If such symptoms occur, consider discontinuing VYVANSE. In a pooled analysis of multiple short-term, placebo-controlled studies of CNS stimulants, psychotic or manic symptoms occurred in 0.1% of CNS stimulant-treated patients compared to 0% in placebo-treated patients.

Suppression of Growth

CNS stimulants have been associated with weight loss and slowing of growth rate in pediatric patients. Closely monitor growth (weight and height) in pediatric patients treated with CNS stimulants, including VYVANSE. In a 4-week, placebo-controlled trial of VYVANSE in patients ages 6 to 12 years old with ADHD, there was a dose-related decrease in weight in the VYVANSE groups compared to weight gain in the placebo group. Additionally, in studies of another stimulant, there was slowing of the increase in height.

Peripheral Vasculopathy, including Raynaud's Phenomenon

Stimulants, including VYVANSE, are associated with peripheral vasculopathy, including Raynaud's phenomenon. Signs and symptoms are usually intermittent and mild; however, very rare sequelae include digital ulceration and/or soft tissue breakdown. Effects of peripheral vasculopathy, including Raynaud's phenomenon, were observed in post-marketing reports at different times and at therapeutic doses in all age groups throughout the course of treatment. Signs and symptoms generally improve after reduction in dose or discontinuation of drug. Careful observation for digital changes is necessary during treatment with stimulants. Further clinical evaluation (e.g., rheumatology referral) may be appropriate for certain patients.

ADVERSE REACTIONS

Clinical Trial Experience

Because clinical trials are conducted under widely varying conditions, adverse reaction rates observed in clinical trials of a drug cannot be directly compared to rates in clinical trials of another drug and may not reflect rates observed in practice.

The safety data in this section is based on data from two 12-week parallel group, flexible-dose, placebo-controlled studies in adults with BED. Patients with cardiovascular risk factors other than obesity and smoking were excluded.

Adverse Reactions Associated with Discontinuation of Treatment in BED Clinical Trials

In controlled trials of patients ages 18 to 55 years, 5.1% (19/373) of VYVANSE-treated patients discontinued due to adverse reactions compared to 2.4% (9/372) of placebo-treated patients. No single adverse reaction led to discontinuation in 1% or more of VYVANSE-treated patients.

The most common adverse reactions (incidence ≥5% and at a rate at least twice placebo) reported in adults were dry mouth, insomnia, decreased appetite, increased heart rate, constipation, feeling jittery, and anxiety.

Adverse reactions reported in the pooled controlled trials in adult patients (Study 10 and 11) treated with VYVANSE or placebo are presented below

Adverse Reactions Reported by 2% or More of Adult Patients with BED Taking VYVANSE and at least Twice the Incidence in Patients Taking Placebo in 12-Week Clinical Trials (Study 10 and 11)

	VYVANSE (N=373)	Placebo (N=372)
Dry Mouth	36%	7%
Insomnia[1]	20%	8%
Decreased Appetite	8%	2%
Increased Heart Rate[2]	7%	1%
Feeling Jittery	6%	1%
Constipation	6%	1%
Anxiety	5%	1%
Diarrhea	4%	2%
Decreased Weight	4%	0%
Hyperhidrosis	4%	0%
Vomiting	2%	1%
Gastroenteritis	2%	1%
Paresthesia	2%	1%
Pruritis	2%	1%
Upper Abdominal Pain	2%	0%
Energy Increased	2%	0%
Urinary Tract Infection	2%	0%
Nightmare	2%	0%
Restlessness	2%	0%
Oropharyngeal Pain	2%	0%

[1] Includes all preferred terms containing the word "insomnia."

[2] Includes the preferred terms heart rate increased and tachycardia.

Postmarketing Experience
The following adverse reactions have been identified during post approval use of VYVANSE. Because these reactions are reported voluntarily from a population of uncertain size, it is not possible to reliably estimate their frequency or establish a causal relationship to drug exposure. These events are as follows: palpitations, cardiomyopathy, mydriasis, diplopia, difficulties with visual accommodation, blurred vision, eosinophilic hepatitis, anaphylactic reaction, hypersensitivity, dyskinesia, tics, bruxism, depression, dermatillomania, aggression, Stevens-Johnson Syndrome, angioedema, urticaria, seizures, libido changes, frequent or prolonged erections, and constipation.

DRUG INTERACTIONS

Clinically Important Interactions with VYVANSE

Effect of Other Drugs on VYVANSE

Concomitant Drug Name or Drug Class	Clinical Rationale	Clinical Recommendation
Acidifying and Alkalinizing Agents	Ascorbic acid and other agents that acidify urine increase urinary excretion and decrease the half-life of amphetamine. Sodium bicarbonate and other agents that alkalinize urine decrease urinary excretion and extend the half-life of amphetamine.	Adjust the dose accordingly

Effect of VYVANSE on Other Drugs

Concomitant Drug Name or Drug Class	Clinical Rationale	Clinical Recommendation
Monoamine Oxidase Inhibitors (MAOIs)	Concomitant use of MAOIs and CNS stimulants can cause hypertensive crisis. Potential outcomes include death, stroke, myocardial infarction, aortic dissection, ophthalmological complications, eclampsia, pulmonary edema, and renal failure.	Do not administer VYVANSE concomitantly or within 14 days after discontinuing MAOI treatment

Drugs Having No Clinically Important Interactions with VYVANSE
From a pharmacokinetic perspective, no dose adjustment of VYVANSE is necessary when VYVANSE is co-administered with guanfacine, venlafaxine, or omeprazole. In addition, no dose adjustment of guanfacine or venlafaxine is needed when VYVANSE is co-administered.
From a pharmacokinetic perspective, no dose adjustment for drugs that are substrates of CYP1A2 (e.g. theophylline, duloxetine, melatonin), CYP2D6 (e.g. atomoxetine, desipramine, venlafaxine), CYP2C19 (e.g. omeprazole, lansoprazole, clobazam), and CYP3A4 (e.g. midazolam, pimozide, simvastatin) is necessary when VYVANSE is co-administered.

USE IN SPECIFIC POPULATIONS

Pregnancy
Pregnancy Category C.: Risk Summary
There are no adequate and well-controlled studies with VYVANSE in pregnant women. VYVANSE should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers
Amphetamines are excreted into human milk. Long-term neurodevelopmental effects on infants from amphetamine exposure are unknown. Because of the potential for serious adverse reactions in nursing infants, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric Use
Safety and effectiveness in patients less than 18 years of age have not been established.

Geriatric Use
Clinical studies of VYVANSE did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects.

Renal Impairment
Due to reduced clearance in patients with severe renal impairment (GFR 15 to <30 mL/min/1.73 m^2), the maximum dose should not exceed 50 mg/day. The maximum recommended dose in ESRD (GFR <15 mL/min/1.73 m^2) patients is 30 mg/day.
Lisdexamfetamine and d-amphetamine are not dialyzable.

Gender
No dosage adjustment of VYVANSE is necessary on the basis of gender.

DRUG ABUSE AND DEPENDENCE
VYVANSE contains lisdexamfetamine, a prodrug of amphetamine, a Schedule II controlled substance.

OVERDOSAGE
Consult with a Certified Poison Control Center (1-800-222-1222) for up-to-date guidance and advice for treatment of overdosage. Individual patient response to amphetamines varies widely. Toxic symptoms may occur idiosyncratically at low doses.
Manifestations of amphetamine overdose include restlessness, tremor, hyperreflexia, rapid respiration, confusion, assaultiveness, hallucinations, panic states, hyperpyrexia, and rhabdomyolysis. Fatigue and depression usually follow the central nervous system stimulation. Other reactions include arrhythmias, hypertension or hypotension, circulatory collapse, nausea, vomiting, diarrhea, and abdominal cramps. Fatal poisoning is usually preceded by convulsions and coma.
Lisdexamfetamine and d-amphetamine are not dialyzable.

Manufactured for: Shire US Inc., Wayne, PA 19087
Made in USA
For more information call 1-800-828-2088

US Pat No. 7,105,486 and US Pat No. 7,223,735
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FOR MODERATE TO SEVERE

BINGE EATING DISORDER

IN ADULTS

ONCE-DAILY Vyvanse® (lisdexamfetamine dimesylate)
10 • 20 • 30 • 40 • 50 • 60 • 70 mg capsules

Limitation of Use

Vyvanse is not indicated or recommended for weight loss. Use of other sympathomimetic drugs for weight loss has been associated with serious cardiovascular adverse events. The safety and effectiveness of Vyvanse for the treatment of obesity have not been established.

Learn more at **VyvanseProBED.com**

IMPORTANT SAFETY INFORMATION

WARNING: ABUSE AND DEPENDENCE

- **CNS stimulants (amphetamines and methylphenidate-containing products), including Vyvanse, have a high potential for abuse and dependence.**
- **Assess the risk of abuse prior to prescribing and monitor for signs of abuse and dependence while on therapy.**

- **Contraindications**
  - Known hypersensitivity to amphetamines or other ingredients of Vyvanse. Anaphylactic reactions, Stevens–Johnson Syndrome, angioedema, and urticaria have been observed in postmarketing reports.
  - Concurrent administration of monoamine oxidase inhibitors (MAOI) or administration of Vyvanse within 14 days of the last MAOI dose. Hypertensive crisis can occur.
- Educate patients about abuse and periodically re-evaluate the need for Vyvanse.
- Sudden death, stroke, and myocardial infarction have been reported in adults with CNS stimulant treatment at recommended doses. Sudden death has been reported in children and adolescents with structural cardiac abnormalities and other serious heart problems taking CNS stimulants at recommended doses. Prior to treatment assess for the presence of cardiac disease. Avoid use in patients with known structural cardiac abnormalities, cardiomyopathy, serious heart arrhythmia, coronary artery disease, and other serious heart problems. Further evaluate patients who develop exertional chest pain, unexplained syncope, or arrhythmias during Vyvanse treatment.
- CNS stimulants cause an increase in blood pressure (mean increase about 2-4 mm Hg) and heart rate (mean increase about 3-6 bpm). Monitor all patients for tachycardia and hypertension.
- Use of stimulants may cause psychotic or manic symptoms in patients with no prior history, or exacerbation of symptoms in patients with preexisting psychosis. Clinical evaluation for bipolar disorder is recommended prior to stimulant use.
- Stimulants, including Vyvanse, are associated with peripheral vasculopathy, including Raynaud's phenomenon. Careful observation for digital changes (e.g., numbness, pain, skin color change, or sensitivity to temperature, and rarely ulcerations and/or soft tissue breakdown) is necessary during treatment and may require further evaluation (e.g., referral).
- The most common adverse reactions (≥5% and at least twice the rate of placebo) reported in clinical trials of adults with moderate to severe B.E.D. were dry mouth, insomnia, decreased appetite, increased heart rate, feeling jittery, constipation, and anxiety.
- Safety and effectiveness in patients <18 years with B.E.D. have not been established.

Please see Brief Summary of Full Prescribing Information, including Boxed WARNING regarding Potential for Abuse and Dependence, on following pages.

Reference: Vyvanse [package insert]. Wayne, PA: Shire US Inc; 2015.

Shire