

NEWINGTON STAFF BID FAREWELL TO TROOPS

Newington employees held a pot-luck luncheon Dec. 1 for the soon-to-be deployed Army National Guard troops who are based at the Newington campus.

Spontaneous applause greeted each surprised soldier as they entered the Blue Room where a buffet of delicious entrées, appetizers and desserts awaited them. A table filled with “comfort items” such as toothpaste, eye-drops, baby wipes, shaving cream, razors, chapstick, batteries and beef jerky proved popular and were clearly appreciated by the troops who soon will be deployed to Iraq for 18 months. Food for the pot-luck and the “comfort items” were provided entirely through the caring and generosity of the Newington staff. In addition to the food and gift items, children from the CCD of St. Gregory’s Church in Bristol made beautiful cards to wish the soldiers farewell and good luck.

Approximately 150 soldiers attended the luncheon. All seemed appreciative and moved by the experience. The Army National Guard at the Newington campus consists of the Army National Guard 143rd ASG, 118th Medical Support, Human Resources, Family Support and Army Advisors. The event was coordinated by Joe Canzarella of Voluntary Service.



Army National Guard troops (above) select “comfort items” that will be needed during their 18 month deployment in Iraq. The items were donated by the staff at the Newington campus.

In this issue:

Pot-Luck for Troops p. 1-2

Dr. Rosenheck Study p. 3-4

**Supervisory
Development Program** p. 5

In Memoriam p. 5

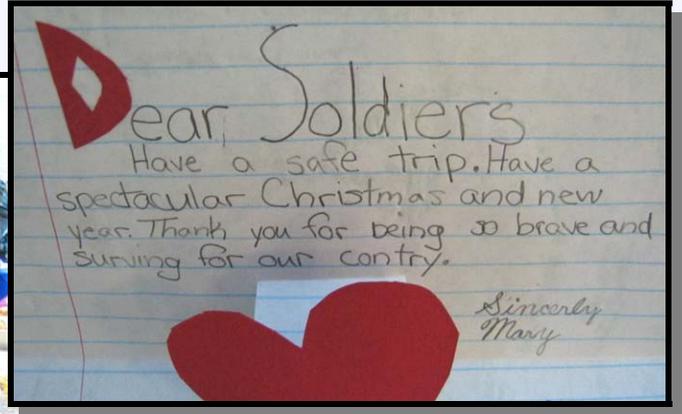
Events

**- West Haven -
Holiday Greetings
from the Director
Dec. 15
2-4 p.m.
Director’s Office
(5th floor of Building 2)**

**- Newington -
Holiday Greetings
from the Director
Dec. 19
10-11:30 a.m.
Director’s Office
(5th floor of Building 2E)**

**USO Show
Dec. 28
11 a.m.
Red Room**

For more information on these and other events please see *Good Morning VA Connecticut*.



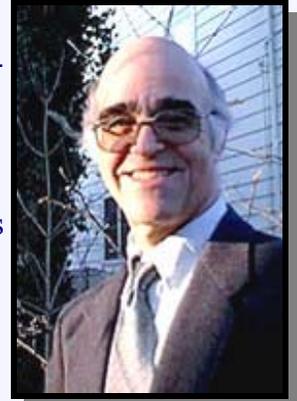
Newington staff who assisted with the “Dessert Pot-Luck” gather around a cake with the sentiment “We Support Our Troops.” They are (left to right): Al Faticoni, Gary Collier, Rita Golden, Cathy Osden, Nancy Pilarski, Kathy Notarandrea, Pam Moran and Joe Canzanella.



STUDY QUESTIONS BENEFITS OF COSTLY SCHIZOPHRENIA DRUG

Findings Suggest Olanzapine's Advantages May be Limited

A study at 17 Veterans Affairs (VA) hospitals comparing an older, pennies-a-day schizophrenia drug with a newer, far more expensive one found little advantage to the high-ticket drug. The researchers, who report their findings in the November 26 issue of the *Journal of the American Medical Association*, say this is the first long-term, rigorously designed experimental study of the newer drug, which boasts U.S. sales of \$2 billion.



Robert Rosenheck, M.D.

The researchers compared haloperidol, one of an older class of schizophrenia drugs called *typical* antipsychotics, to olanzapine, the most expensive among the newer *atypical* antipsychotics. Used alone, the older medications are more likely to cause troubling side effects such as tremors and twitches. But the study had doctors prescribe haloperidol as they would ideally in actual practice—accompanied from the outset by another drug, benztropine, to minimize side effects.

“We gave the benztropine prophylactically along with the haloperidol, as is needed for a fair and clinically informative comparison,” said lead author Robert Rosenheck, MD, director of VA’s Northeast Program Evaluation Center here in West Haven and a professor of psychiatry and public health at Yale University Medical School.

“That’s why we think this study is more relevant to everyday practice. We wanted to compare the two drugs in the way they are used in the real world.”

The randomized, double-blinded study, which followed patients for one year, found no differences between the drugs in reducing schizophrenia symptoms or improving quality of life. As for side effects, olanzapine tended to cause weight gain. It resulted in slightly less akathisia, or restlessness, and somewhat better cognitive status, but not enough to improve patients’ quality of life or overall functioning.

Though the drugs produced similar results overall, they come with a whopping difference in price: Olanzapine costs more than \$8 per day per patient, based on VA figures, compared to just about 6 cents per day for haloperidol. And the higher-priced drug didn’t lead to any significant reduction in hospital or outpatient costs.

Rosenheck said he does not see the study as prompting a return to the older class of schizophrenia drugs. The newer atypical antipsychotics have become widely accepted over the past 10 years as the first-line choice for treating schizophrenia. But he did say the findings sharply challenge the perception that olanzapine, while costlier at the pharmacy, more than pays for itself by lowering overall health-care and social service costs for its users. In the study, olanzapine was associated with \$3,000 to \$9,000 in greater annual VA costs per patient—mostly due to the higher cost of the drug.

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“This study suggests that the advantages of olanzapine may be limited, while costs are considerably greater,” said Rosenheck. “As a nation we are spending \$2 billion annually on a treatment whose advantage over less expensive treatments is questionable and which may incur adverse health effects related to weight gain.”

He said the findings support VA’s current prescribing guidelines—“that physicians should try cheaper drugs before more expensive ones, as long as they are similarly effective.”

VA guidelines recommend risperidone or quetiapine, two other atypical antipsychotics, as first choices for treating schizophrenia. Olanzapine, along with the atypicals ziprasidone and clozapine, is a second-line drug. Typical antipsychotic drugs such as haloperidol are only recommended when patients fail to respond to the above treatment. Physicians are free in all cases to use their discretion, based on the individual patient.

Risperidone costs about half as much as olanzapine, and has shown equal benefits in most clinical trials. According to 2002 figures from VA’s National Psychosis Registry, more than 80 percent of VA patients with schizophrenia are on atypical antipsychotics, with about 37 percent on risperidone and 38 percent on olanzapine. In fiscal 2003, VA spent \$208.5 million overall on atypical antipsychotics— \$106.6 million for olanzapine alone.

Besides its cost, another concern over olanzapine is that many users tend to gain weight. The drug has been linked in some studies with an increased risk for diabetes.

Rosenheck said his team is eager to pursue studies analyzing the benefits of a new long-acting, injectable form of risperidone that is expected to become available and may result in better compliance.

In additional research, four VA hospitals are among 53 sites currently participating in a \$42-million nationwide study, funded by the National Institute of Mental Health, comparing five atypical antipsychotic drugs to each other and to an older, traditional antipsychotic drug. Rosenheck was named director of service use and economic assessment for the study. Results are expected in 2006.

Schizophrenia, a biological disease of the brain, is the most common form of psychotic illness, affecting about 2.2 million Americans. It usually develops between ages 16 and 30. Contrary to popular notion, the disease is marked not by a “split personality,” but by delusions, hallucinations, and confused thinking. People with schizophrenia may have trouble carrying on a conversation or focusing on a task, and usually show flat emotions and a lack of interest in life. They are more likely to die early, because of a higher suicide risk and other issues that arise from their mental state, such as automobile accidents, medical problems or homelessness.

VA provides health care for about 200,000 veterans with psychosis. Of these, about half have schizophrenia and more than a third have bipolar disorder. VA spends 15 percent of its total health care budget on medical and psychiatric care for this population. In fiscal year 2002, VA spent more than \$35 million on research focused on the diagnosis, treatment and prevention of mental illnesses, including schizophrenia.

Rosenheck noted that while Eli Lilly and Company, the maker of olanzapine, did supply drugs and placebos for his study, the analysis was conducted with complete independence on the part of VA.

The Eli Lilly Company and VA’s Cooperative Studies Program, a unit of the department’s Office of Research and Development, supported this study.



SUPERVISORY DEVELOPMENT



Five VA Connecticut staff recently graduated from the VISN 1 Supervisory Development Program. Graduates included **Tim Plofkin** (Assistant Chief/Respiratory Care), **Deborah Wright** (Supervisor/Nutrition & Food Service) and **Billie Rudd** (Intake Supervisor/MVPC). Not pictured are **Rolane Talleo** (Supervisor/Patient Accounts Customer Service) and **MaryJo Rubano** (Nurse Manager/Specialty Clinics) who also completed the five-month program designed for mid-level supervisors. The course included instruction in communication skills, employee/labor relations, computer skills, developing employee standards and discipline. In addition, graduates had to complete five VALO online courses.

In Memory of **Howard Hiltzik** 1927 – 2003

VA Connecticut volunteer Howard Hiltzik passed away on November 29. For the past 18 years, Howard was dedicated to lifting the spirits of veterans through his volunteering. He received many awards of appreciation for his more than 25,000 hours of service.



Howard Hiltzik at the 1999 Voluntary Service Awards Banquet.

Howard, a World War II veteran and a proud member of the Jewish War Veterans loved photography, music and movies. He is survived by his wife Bronya who often accompanied him to VA events.

Howard will be deeply missed by his many friends at VA Connecticut.

SPIRIT ONLINE

Is published bi-monthly by the VA Connecticut Healthcare System Public Affairs Office. Please submit comments and ideas to Pamela Redmond or Richard Thompson, Public Affairs, 00/PR.

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