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FROM THE PRESIDENT

The FDA Is Listening

BY MARIA A. OQUENDO, M.D.

I must admit I always feel a little wary when giving a radio interview and questions are being called in by the public. I wait, wondering what's next and hoping I can be helpful. In fact, calls are usually from individuals with questions about how to best help themselves or their loved ones. Not that these calls are easy to handle on the air, like the one a few years ago from a mother of a suicidal adolescent who clearly needed an emergency department evaluation.

But then it happened. "Hello, my name is Joe, and I'm calling from Oregon." After the warm greeting, his tone changed, as he sharply questioned how psychiatrists could support a barbaric treatment such as ECT. I did my best to counter with information about the evidence for its safety and life-saving effects, explaining that this excellent treatment was often vilified unjustly. I do not believe Joe was convinced.

Not one week later, I was pleasantly surprised to receive an invitation from Robert M. Califf, M.D., commissioner of the Food and Drug Administration (FDA). The invitation was to participate in the FDA's stakeholder listening session as this issue of *Psychiatric News* went to press. The goal is to provide APA and other thought leaders with the opportunity to bring burning issues to the attention of the FDA.

I should note that there were several sources of surprise to me with regard to this invitation—perhaps the most salient one was the notion that a major federal agency would use some of the same strategies that we use in global mental health (GMH) research. Community-based participatory research in GMH settings employs focus groups and other community-engagement approaches to ensure that the research design ultimately is informed by the viewpoints of key stakeholders. The idea is that the research design does not come from "on high" but rather is a product of a close collaboration with the community and local agencies and universities. This strategy promotes not only "buy in," but optimally "want in." Similarly, the FDA is clearly seeking to engage those of us most affected by its decisions—patients and their families, physicians, and health care delivery services—to maximize the likelihood that its policies will take into account the nuances of the "real world" and ultimately be better received.

Given Joe's call, it will not shock you that the APA administration and I selected support for the FDA's proposed rule change to reclassify ECT devices from Class III (high risk) to Class II (low risk) as a key item to discuss. We will talk with the FDA about the utility and safety of ECT and the need to enhance its availability, injecting robust data into the debate. But ECT is only one of the topics that we will raise with the FDA. We will also encourage a review of prescription practices in view of the opioid epidemic and underscore the need for ensuring diversity in clinical-trial samples to generate data applicable to the diverse U.S. population.

Now, I don't know if Joe will be at the FDA hearing, and even if he were, I am not sure he would be convinced. But what I do know is that we need to be persistent in adhering to the dissemination of the best data available about treatments that work, treatments that save lives. PN


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IN THIS ISSUE

Register Now for IPS

IPS: The Mental Health Services Conference will be held in Washington, D.C., from **October 6 to 9**. Information on the program, registration, special tracks, and housing can be accessed at psychiatry.org/IPS. For additional information on the meeting, see page 22.

Departments

MEMBERS IN THE NEWS

Renato Alarcón: Long-Time Advocate For Cultural Awareness in Psychiatry

Witchcraft? Chemical imbalance? Culture shapes how patients experience and describe symptoms, this expert says.

BY LYNNE LAMBERG

As a young Peruvian-born and educated physician, Renato Alarcón, M.D., bumped into cultural challenges both personally and professionally when he came to the United States in 1967 for a fellowship in psychosomatic medicine at the Johns Hopkins University School of Medicine.

"On hearing my accent, patients may have wondered how much I knew or could understand about their concerns," he recalled.

"I noticed that clinical presentations placed little emphasis on patients' race, ethnicity, religious beliefs, or other cultural factors," Alarcón said. "As an international medical graduate, encountering cultural differences myself, I thought those variables needed more attention."

Culture affects how patients experience, explain, and report disturbed thoughts, feelings, and behaviors, he said. Some people attribute depression, anxiety, or other symptoms to witchcraft. Some somaticize, converting mental distress into pain and other bodily symptoms. Others say they have a chemical imbalance. In each instance, Alarcón said, patients have interpreted their symptoms through the prism of their culture.

Alarcón stayed at Hopkins until 1972, completing his residency in psychiatry and a fellowship in clinical psychopharmacology and earning his M.P.H. there.

He went on to a distinguished career in academic psychiatry, first in Peru, and then after he returned to the United States in 1980, seeking to enlarge understanding of the impact of culture on psychiatric diagnosis and treatment and improve global mental health. Now emeritus professor of psychiatry and psychology at the Mayo Clinic College of Medicine, Alarcón talked recently with *Psychiatric News* about what cultural psychiatry is—and is not.

Taking culture into consideration enables psychiatrists to depathologize behaviors they might otherwise view as symptomatic, Alarcón said, and to obtain a fuller picture of what patients are experiencing. Knowing patients' traditions and beliefs may allow psychiatrists to employ culture in a psychotherapeutic role, by building rapport and collaboration, he suggested.

Cultural knowledge also may benefit treatment and prevention, he said. Encouraging some patients to participate in religious or other social rituals, for example, may help ease their distress and prevent relapse.

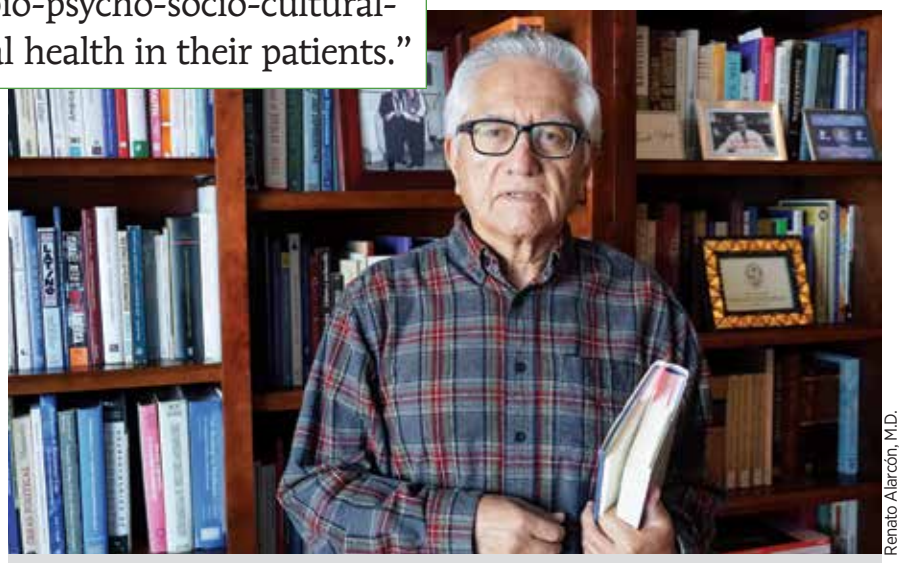
Cultural psychiatry is not a subspecialty, Alarcón asserted. Cultural understanding should be an integral part of the education and practice of every psychiatrist, he said. It is relevant to all patients, not only those who are immigrants or members of minority populations. The cultural identity of a person reared in Manhattan, for instance, likely differs considerably from that of a person reared in the Mississippi delta.

> "All psychiatrists should strive to foster bio-psycho-socio-cultural-spiritual health in their patients."

Cultural psychiatry is not anti-biological, he noted. Cultural understanding adds to that derived from knowing the neurobiological substrates of an illness. "All psychiatrists," he said, "should strive to foster bio-psycho-socio-cultural-spiritual health in their patients."

As a member of the *DSM-5* study group on gender and cross-cultural issues, Alarcón helped develop the Cultural Formulation Interview, a set of 16 brief culture-focused questions to aid in mental health assessment. He also helped amend the now-outdated concept of culture-bound syndromes and refine information on the handful of disorders included in the *DSM-5*'s Glossary of Cultural Concepts of Distress.

"One often hears physicians say all patients should be treated the same way. But reality is not like that," he noted. "Racism, sexism, and other forms of discrimination still exist, and stigma is a universal phenomenon."



Renato Alarcón, M.D.

Renato Alarcón, M.D., is a co-developer of the *DSM-5* Cultural Formulation Interview, which helps clinicians account for the influence of culture in their clinical work, improve patient-clinician communications, and ultimately improve outcomes.

Even psychiatrists may hold stereotypes based on a patient's country of origin, color, gender, socioeconomic status, or other characteristics, he noted, and may assume a person's cultural load is unchangeable.

"The important thing," he asserted, "is to understand the human entity, the patient's background, why he or she comes to see you now but didn't come earlier, and how he or she explains their symptoms and causes of those symptoms."

The individualistic approach, a strong aspect of American life and of Western culture in general, he said, stresses that people need to take responsibility for their own behavior. It often neglects, however, a cultural background that encourages reliance on family and friends. If psychiatrists fail to ask about cultural issues, he said, their work is incomplete.

Growing up in Arequipa, Peru, Alarcón credits his parents, both teachers, with spurring his interest in interpersonal relationships and medicine. On Alarcón's 11th birthday, his father gave him a book on psychology by Honorio Delgado, M.D., also a native of Arequipa, and a leader of Latin American psychiatry. Delgado, who died in 1969, later became one of Alarcón's mentors.

Alarcón now holds the Honorio Delgado Chair at the Universidad Perúana Cayetano Heredia School of Medicine in Lima, Peru, from which he graduated in 1965.

Alarcón received APA's Simón Bolivar Award and George Tarjan Award. He also is an APA distinguished life fellow.

The author or coauthor of over 250 articles, 15 books, and 70 book chapters, Alarcón is the senior editor of *Psiquiatría (Psychiatry)*, the most widely used psychiatric textbook in Latin America. This 1,000-page textbook includes chapters from nearly 300 contributors from Latin and Central America, Brazil, Spain, and the United States. The fourth edition of the book, sponsored by the Pan American Health Organization, is scheduled for publication in 2017. PN

South Sudan

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higher levels of care, they could refer them to the clinic," she said.

Yet another hurdle is psychiatry's stigmatized place within the medical profession in South Sudan, although Akol is working to change that. The medical school only recently introduced psychiatry into its curriculum, but there is still no residency program in the country. Akol did her residency in Khartoum, the capital of Sudan, the larger country from which South Sudan was carved in 2011.

"I believe better days are coming," she said. "I am grateful for being a part of this year's APA meeting."

Already, members of APA's Council on International Psychiatry have offered resources to help Akol plan her next steps for training, curriculum development, and new ideas for expanding the profession of psychiatry in her country.

"I say, don't invest in South Sudan," she said. "Invest in the South Sudanese people."

However, her work has been at least temporarily interrupted by yet another flare-up of violence in fighting in South Sudan between the government and forces loyal to the country's former vice president.

"We faced lots of challenges a few days ago, and most people have been displaced," Akol told *Psychiatric News* in an email in mid-July. "The hospital is working although we have challenges with the manpower. I had to suspend my projects for two weeks as I help my family settle in Nairobi [in neighboring Kenya]." PN

The GEMS website is http://goatsfortheoldgoat.com/.