

PROMOTION RECOMMENDATION
UNIVERSITY OF MICHIGAN MEDICAL SCHOOL
DEPARTMENT OF PSYCHIATRY

Helen C. Kales, M.D., Assistant Professor of Psychiatry, Department of Psychiatry, Medical School, is recommended for promotion to Associate Professor of Psychiatry, with tenure, Department of Psychiatry, Medical School.

Academic Degrees:

1992	M.D.	University of Rochester
1987	B.A.	Bucknell University

Professional Record:

2001-Present	Assistant Professor of Psychiatry, University of Michigan
1998-Present	Research Scientist Geriatric Research Education and Clinical Center VA Ann Arbor Healthcare System
1998-2001	Lecturer, Department of Psychiatry, University of Michigan

Summary of Evaluation:

Teaching: Dr. Kales participates in: 1) the mood disorder and geriatric psychiatry lectures for medical students on psychiatry; 2) the geriatric psychiatry lectures for interns (HO-1 residents); 3) the Geriatric Psychiatry Core Series for HO-II and III residents (serving as Co-Course Director for the latter); and 4) the Geriatric Psychiatry Fellows Core Series. She also provides direct supervision in the outpatient geriatric psychiatry clinics to: HO-III residents (UM clinic), and Geriatric Psychiatry Fellows (VA Clinic, where she serves as Training Director for the VA component of the Geriatric Psychiatry Fellowship).

Dr. Kales has also been an active member of the faculty training component of the Reynolds Foundation Grant to the Department of Internal Medicine to strengthen non-geriatric physician training in geriatrics. She has mentored medical students, residents, and junior faculty working in their research group in the Mental Health Services Outcomes and Treatment Section of the Department and the National VA Serious Mental Illness Treatment Research and Evaluation Center. Together with a resident, they developed the "Weakest Link" Monthly Evidence-Based Medicine Contest for Psychiatry residents, a program to increase evidence-based learning for psychiatry residents and fellows.

Research: Dr. Kales' work addresses the management of older patients who suffer from depression, one of the most prevalent late-life mental health conditions, and neuropsychiatric symptoms of dementia which are among the most disabling. Her research extends over four major areas: 1) coexisting depression and dementia; 2) racial disparities in late-life mental health treatment; 3) late-life depression care adherence; and 4) morbidity and mortality associated with antipsychotic medications.

Dr. Kales' study of patients with the combined comorbidity of depression and dementia used VA national data and was the first paper to associate these comorbid conditions with

increased health care utilization, including nursing home placement. It is also the largest sample published to date of patients with comorbid depression and dementia. It is her most frequently cited publication and was recognized for the Member-In-Training Award by the American Association for Geriatric Psychiatry (AAGP) in 1998. This led to additional funding to perform a prospective study examining factors associated with increased nursing home placement among patients with depression and dementia published in 2005.

In the initial work on coexisting depression and dementia, she and her team noted that the rates of diagnosed depression and combined depression and dementia were much lower in African-American patients as compared to white and Hispanic patients. Examining this issue using VA national data for different psychiatric disorders in older patients, they found significantly lower rates of mood disorders and significantly higher rates of substance abuse, psychotic, and cognitive disorders among African-American as compared to white patients. This work led to a research focus on racial differences in mental health diagnosis and treatment in later-life conditions, collaborations with researchers at the Institute for Social Research, research funding as an American Geriatrics Society Fellow, recognition as the American Association for Geriatric Psychiatry's Junior Investigator Awardee in 2003, and selection for the Plenary Presentation at the VA Health Services and Development Service National Meeting in 2004, and was published in 2005.

While there are effective treatments for depression for elderly patients, up to one-half do not adhere to recommended interventions for multiple reasons, including cognitive impairment and beliefs that are often culturally-mediated. Thus, Dr. Kales' research in the areas of coexisting depression and dementia and racial disparities led to an interest in patient non-adherence to depression treatment, and has been key in Dr. Kales obtaining two federally-funded grants examining factors related to non-adherence in late-life depression care including racial differences and clinical factors such as cognitive impairment.

Many patients with dementia and depression or other neuropsychiatric symptoms require additional pharmacological management. However, in Spring 2005, the FDA warned that use of atypical antipsychotics to treat neuropsychiatric symptoms of dementia was associated with increased mortality. Dr. Kales and her research group felt that further study was warranted, comparing risks from antipsychotic medications with non-antipsychotic psychiatric medications that may be used as alternatives, and that the VA SMITREC national registries were especially well suited to answer these issues. They found that antipsychotic medications were associated with increased mortality in patients with dementia compared to most other medications used for neuropsychiatric symptoms. This work was selected for presentation at the NIMH New Clinical Drug Evaluation Unit National Meeting in June 2007. Dr. Kales has been awarded a new NIMH RO1 grant which will explore the relationship of antipsychotic use, mortality and underlying cognitive impairment severity and neuropsychiatric symptoms further.

Dr. Kales is the author of 29 peer-reviewed publications (18 as first author) and ten book chapters of which she is the first author on three.

Recent and Significant Publications:

Kales HC, Valenstein M, Kim HM, McCarthy JF, Ganoczy D, Blow FC: Mortality risk in patients with dementia treated with antipsychotics versus other psychiatric medications. *American Journal of Psychiatry*. In press.

Kales HC, Chen PJ, Blow FC, Bigger B, Mellow AM: Rates of clinical depression diagnosis, functional impairment and nursing home placement in coexisting dementia and depression. *American Journal of Geriatric Psychiatry* 13:441-449, 2005.

Kales HC, Neighbors H, Valenstein M, Blow FC, Khanuja K-K, Gillon L, Ignacio RV, Mellow AM: Effect of race and sex on primary care physicians' diagnosis and treatment of late-life depression. *Journal of the American Geriatric Society* 53:777-784, 2005.

Kales HC, Blow FC, Bingham CR, Copeland LC, Mellow AM: Race and inpatient psychiatric diagnosis among elderly veterans. *Psychiatric Services* 51: 795-800, 2000.

Kales HC, Blow FC, Bingham CR, Kammerer EE, Copeland LC, Mellow AM: Health care utilization by older patients with coexisting dementia and depression. *American Journal of Psychiatry* 156: 550-556, 1999.

Service: Dr. Kales has held a number of national leadership roles, including serving on the American Psychiatric Association Scientific Program Committee for New Research, serving as a reviewer for the NIMH-funded Summer Training on Aging in Mental Health Fellowship Program, and as a reviewer for the National Institute for Health Research (UK). Dr. Kales has been a member of the Institutional Review Board (IRB) Subcommittee on Human Studies at the VA Ann Arbor Healthcare System since 2005.

Dr. Kales is a board-certified geriatric psychiatrist. Older adults have special physical, emotional, and social needs so a major emphasis for geriatric psychiatrists is in the training of others to deliver mental health care in primary care settings. She devotes time not only to teaching trainees but also provides lectures and training in the community. Her research program is also directly informed by her clinical work and experiences with patients, families, providers and systems to diminish the barriers to effective and quality care for older patients with mental health issues.

External Review:

Reviewer A: "I have been impressed consistently by Dr. Kales' creative thinking, high level of competence, and enormous drive. These qualities make me believe that she will remain in the leadership of our field for many years. Along with her brilliant research contributions, Dr. Kales has been an influential academician both at a national level and in her institution....Dr. Kales has been a mentor and a role model to a number of junior faculty and trainees and an extremely valuable collaborator and colleague to her peers."

Reviewer B: "I consider Dr. Kales to be among the top 10 geriatric psychiatry health services researchers in the country, and perhaps the only one in that group who is at such an early stage of career development."

Reviewer C: "Dr. Kales has established a niche for her work and is regarded as a national expert in the delivery of health services to patients with late life mental disorders....She clearly has established a professional niche, with significant scholarly productivity, which has impacted her field at the national level."

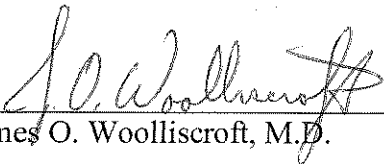
Reviewer D: “At a time when federal funding for grants has become extremely competitive...Dr. Kales successfully demonstrates that it is still possible to be successful as a ‘triple threat’...I believe that I reflect the views of many of my senior colleagues in recognizing Dr. Kales as a rising star in the field of geriatric psychiatry.”

Reviewer E: “As a researcher, Helen has emerged as one of our leading investigators focusing on health care services in geriatric mental health....Her work has been published in leading journals in our field...The quality and quantity of her research work also is reflected in her success in obtaining research grants....Overall, Helen is a first-rate teacher and an accomplished and nationally-recognized researcher.”

Reviewer F: “Dr. Kales’s [sic] work is characterized by good judgment, clear thinking, and clinical significance—the reasons that many in the field, myself included, hold her in the highest regard. She is an important contributor to our field and a significant role model for new investigators. I think of her in the company of the very finest of the next generation of leaders in our field...”

Summary of Recommendation:

Dr. Kales is an extremely energetic and collegial individual who has an impressive track record of research and professional service. She is board-certified in geriatric psychiatry for which there is a major shortage in the United States. She is principal investigator on three current federally-funded grants and an active co-investigator on two VA Merit projects; one examining suicide risk among veterans, and another studying nursing home care for veterans with serious mental illnesses. I enthusiastically support her promotion to Associate Professor, with tenure, in the Department of Psychiatry.



James O. Woolliscroft, M.D.
Dean
Lyle C. Roll Professor of Medicine

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