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In this article, we have attempted to summarize the achievements and the challenges of the mental health department (MHD) of the IDF Medical Core from the past four decades, since its' initiation.

We approach this wide scope question through the investigation of the MHD according to the perspective of its' main fields of endeavor. These domains are widely arrayed. In this paper, we chose to focus on the following : the unique training of the mental health officers; the initial psychological screening of

soldiers - from recruitment to discharge; the mental health treatment of soldiers and officers, and the life-time treatment of combat post traumatic (PTSD) patients; the development of combat PTSD diagnosis, treatment and prevention; the continuous prevention of soldiers' suicides; the prevention of psychiatric hospitalizations; and the participation of the MHD in research and in the development of new treatment modalities. In the writing of this paper we relied on the accumulative experience of the MHD and the historic perspective of the last four commanders of the Mental Health Department of the IDF. ●

כרוניקה

תלת-גליצרידים ומחלת העורקים הכליליים



JAMA על ידי נאבר (JAMA 2019;321:347), וכלל מעל 90,000 חולים CHD, מוצגים מסרים חשובים בנושא זה. המחקרים מסיקים מתוצאות המחקר, כי יש להתייחס לרמת תלת-גליצרידים גבוהה בדם לא כישות אחת, אלא כאוסף של מצבים המשנים את הסיכון ללקות ב-CHD, המבוססים על מספר חלקיקי השומן בדם והרכבם. הם מציעים להכין אלגוריתם אבחוני הכולל את רמות הכולסטרול, ApoB, TG, וחלקיקי VLDL ו-LDL בזרם הדם.

הגברת רמת TG הגורמת להגדלת מספר חלקיקי השומן בדם אכן קשורה בסיכון מוגבר ל-CHD. הם מוסיפים כי הפחתת רמות כולסטרול LDL ו-TG יכולה להפחית את הסיכון ל-CHD אם היא פרופורציונאלית להפחתה ברמות Apo B. לנוכח הצטברות העדויות על חשיבות ApoB, ממליצים החוקרים לכלול את מדידת רמתו בדם, כחלק מתהליך האבחון והטיפול במחלות העורקים הכליליים. איתן ישראלי

הקשר בין רמת כולסטרול LDL גבוהה לבין הגברת הסיכון ללקות במחלת העורקים הכליליים (CHD) הוא מבוסס למדי. לעומת זאת, יש עדויות סותרות ולא חד משמעיות לגבי הקשר בין רמת התלת-גליצרידים (TG) בדם לבין מחלות CHD. מחקרים אחדים הצביעו על כך שרמת TG מגבירה את הסיכון ל-CHD, אך לא ברור האם רמה זאת היא הגורם להגברת הסיכון או רק מייצגת גורמי סיכון אחרים, דוגמת השמנת יתר, סוכרת או מרכיבים ליפופרוטאינים אחרים. מאפיינים גניים מסוימים קשורים אף הם להגברת הסיכון ללקות ב-CHD. הם גורמים בנוסף להגברת רמת TG, רמת אפוליפרוטאין B (ApoB) וליפופרוטאין נמוך צפיפות (VLDL) המופיע בדם בצורת חלקיקי שומן קטנים - וייתכן שרמות אלה הן המגבירות את הסיכון. מחקרים רפואיים שניסו להפחית בהם את רמת TG בדם בעזרת תרכובות סיביות, הניבו תוצאות לא משמעותיות. במחקר של פארנס וחב', שזכה למאמר מערכת בכתב העת

כרוניקה

חדילה מעישון בארצות הברית ותרופות ללא מרשם



JAMA (JAMA 2019;321:541), ממליץ לאיסצ'ו על אסטרטגיה של שילוב וארניקלין ותחליף ניקוטין כקו ראשון לטיפול בהפסקת עישון, ומציין כי אדם מעשן עשוי לעבור 30 ניסיונות הפסקת עישון עד שיצליח להיפטר מן המנהג. כיום רק הלכסניות, גומי לעיסה ומדבקות ניקוטין נמכרות ללא מרשם בארה"ב. וארניקלין, בופרופיון ותרסיסי ניקוטין לאף עדיין דורשים מרשם.

המחבר מסביר כי שיווק תרופות שעברו ממרשם לשיווק חופשי מגדיל את צריכתם ב-30%, אך יש לזכור כי הנוטל תרופות אלה צריך להבין את המגבלות שלהן, את הסיכונים אם קיימים, וכן למה לצפות עם הטיפול. עדיין יש צורך במחקרים כדי לבסס את הנטייה להפוך את התרופה וארניקלין לתרופה ללא מרשם, אך מחקרים חדשים מעידים על כך שהשפעות הלוואי עקב נטילתה אינן גרועות יותר או נפוצות יותר מאלה של התרופות ללא מרשם. איתן ישראלי

המרכז לבקרת מחלות ומניעתן בארה"ב פירסם, כי שיעורי המעשנים פחתו באופן משמעותי והגיעו בשנת 2017 ל-14% בקרב מבוגרים. במקביל פחתו גם מקרי התמותה במדינה הקשורים לעישון, אך עדיין מעריכים כי 480,000 כל שנה איש נפטרים ממחלות הנגרמות עקב עישון. שני שלישים מהמעשנים מעוניינים לחדול מעישון, אך רק שליש מהם מנסים לעשות זאת. רשויות הבריאות ממליצות כי המנסים לחדול מעישון ישתמשו בחלופות ניקוטין, בלכסניות או מדבקות, בצד שינוי הרגלי חיים, וכקו שני, להפוך את התרופות דוגמת וארניקלין לתרופות ללא מרשם.

על פי מחקרים אחרונים, שיעורי הפסקת העישון לאחר 6 חודשים עם וארניקלין היו גבוהים (33.2%) לעומת שימוש במדבקות ניקוטין (23.4%) או בופרופיון (24.2%). כמו כן נמצא, כי שילוב של שני אמצעים, דוגמת לכסניות ומדבקות, היה קשור עם הצלחה גדולה יותר בהפסקת עישון. במאמר דעה בכתב העת

well as with unipolar depression, whereas higher novelty seeking may be associated only with bipolar patients. As these parameters are all very sensitive to the affective state, it is critical to examine the literature that pertains specifically to euthymic patients in order to evaluate the extent to which this signifies underlying personality (trait), and not primarily clinical status (state).

Several important studies have been published since the Bagby and Ryder paper, which we review here. We restrict our current review to empirical studies which employed both adequate samples of euthymic (to minimize the state/trait dilemma) bipolar patients as well as healthy comparison subjects. This paper is restricted to frequently used explicit measures of personality – that is, self-report questionnaires: the Temperament and Character Inventory (TCI) based on Cloninger's psychobiological theory of temperament and character, the Revised NEO Personality Inventory based on the five-factor model of Costa & McCrae, and the Barratt Impulsiveness Scale (BIS-11) [23]. No single dimension of 'personality' reviewed would qualify as a psychological marker for a bipolar disorder. Earlier findings as reviewed by Bagby and Ryder, of higher novelty seeking, were not replicated in these studies. Of the personality traits considered, the most promising candidate for marker or endophenotype would seem to be "impulsivity" as measured by the BIS-II. ●

TREATMENT ISSUES IN PSYCHIATRY IN THE MANAGEMENT OF THE HAREDI SUBPOPULATION

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In recent years, the importance of cultural sensitivity and the adaptation of mental health services to diverse populations has been growing. Simultaneously, awareness of psychiatric illnesses and treatment is increasing, even among the Haredi (ultra-orthodox) population in Israel, with specialized services developing. Many studies have emphasized the central role of religion and belief in the coping styles of those with mental illness and their healing processes. These characteristics are especially evident among the Haredi population, where religion is present in behavior, in thought, both within the individual and in the community, and throughout life. In the encounter between a religious Haredi patient and the professional, many issues arise regarding religion and the patient's socio-cultural affiliation. Being familiar with this world, including unique concepts and sensitivity to these issues, can promote treatment that is provided to ultra-orthodox individuals with mental-illness in a manner that is culturally sensitive. These issues include specific expressions and manifestations of psychiatric illness in the religious Haredi patient, and issues related to the specific Haredi

community to which the patient belongs.

Discussions in the literature and halakic rulings are divided into issues concerning the patient, religious law observance by the patient with mental-illness, issues regarding treatment coercion, pregnancy, and issues relating to therapy, such as "privacy" and "life and death" dilemmas. Unique expressions of psychiatric disorders in the Haredi patient may be noted in eating disorders, psychosis and OCD, both in clinical terms and in prognosis and disease processes. Factors related to society and the ultra-orthodox community to which the psychiatric patient belongs include issues of stigma and secrecy that are maintained by the community in relation to mental illness; interference by non-professional individuals involved in treatment; as well as the distinctiveness of treatment and rehabilitation adapted to the Haredi population and finally cultural sensitivity to the needs of the religiously observant patient (such as avoiding desecration of Shabbat, rehabilitation in unique areas such as Torah study, etc.). ●

SUICIDE: EPIDEMIOLOGY, ETIOLOGY, TREATMENT AND PREVENTION

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Approximately a million people a year worldwide die by committing suicide. In Israel about 500 die by committing suicide. It is the leading cause of death in youngsters below the age of 24. More than half of them have met with their primary care physician (PCP) in the month prior to suicide. Suicide is more common in males and attempted suicide more common in females. Etiology is multifactorial and includes biological genetic, psychological, social and environmental factors in a complex interaction. Major risk factors are male gender, psychopathology, prior suicide attempt, and accessibility to means for suicide. It is important that the PCP will ask directly on suicidal thoughts and urges in any case of suspicion. When the patient reports on suicidal thoughts or urges, it is important to create a safety plan to keep the patient safe including observation and restriction of means. It is important to treat depression early, maintain personal connections and continuity of care between hospital to PCP and mental health practitioners in the community. Early treatment of depression may save lives. ●

ISRAELI MILITARY PSYCHIATRY: CHALLENGES AND ACHIEVEMENTS

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patient ratio, and the absence of the stigma which too often accompanies psychiatric care. This model was recognized by the Israeli Ministry of Health in September 2017 under the name "Stabilizing House", and since its establishment until today (May 2018) four more houses of its kind have been established. We present three brief case studies of individuals who received care in Soteria. ●

THERE IS ROOM FOR IMPROVEMENT: THE RATE OF CLOZAPINE USE AMONG PATIENTS WITH SCHIZOPHRENIA IN ISRAEL

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Background: About a third of schizophrenia patients would not have sufficient clinical response to antipsychotic treatment. The only drug approved for this population is clozapine, yet worldwide reports suggest underuse of clozapine and significant delay in initiating treatment.

Objective: To assess, for the first time in Israel, the rate of clozapine use in patients with schizophrenia.

Methods: A retrospective cohort study of "Clalit Health Services" electronic records was conducted. People diagnosed with schizophrenia (F.20 ICD 10 code) who had at least one prescription filled for clozapine were followed up between 2012 and 2014.

Results: Of 28,983 people diagnosed with schizophrenia, clozapine was prescribed and purchased by 1817 (6.5%) patients during the study period. In addition, 60% of patients with clozapine had polytherapy with other antipsychotic compound or lithium. Polytherapy was associated with HR of 2.1 for mortality during the follow-up period.

Conclusion: Clozapine is underutilized in Israel, similar to reports from other countries. Moreover, the data suggests that when treatment is given it is not optimized, as reflected by high rates of polytherapy associated with increased mortality. Using therapeutic drug monitoring, now available in Israel, for clozapine might increase clozapine dosage optimization. ●

LONG-ACTING INJECTABLE ANTIPSYCHOTICS IN SCHIZOPHRENIA

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Long-acting injectable antipsychotics (LAI AP) were mainly developed with the intention to improve adherence to treatment in schizophrenia patients and to reduce the high rates of relapses and re-hospitalizations due to treatment discontinuation.

Several studies comparing LAI AP with oral antipsychotics in schizophrenia have been performed, in which RCTs (considered to be the 'gold standard' for clinical trial design) generally show no benefit for LAI AP over oral drugs, whereas observational studies do. The more pragmatic the study design, the more likely it is to show a benefit for LAI AP versus oral therapy.

Seeing that the percentage of patients who are currently being treated with LAI AP is far from the percentage of non-adherent patients, it can be argued that LAI AP are significantly underused.

LAI AP formulations of antipsychotics have traditionally been used for those patients with schizophrenia with the most severe symptoms, poorest compliance, most hospitalizations, and poorest outcomes, namely at the latter stages of their illness. However, an increasing number of authors suggest that early-phase patients may have the most to gain from LAI AP, at a time when their disorder is most treatable and when avoidance of recurrences and re-hospitalizations may lead to the greatest benefits.

To prove the advantage of LAI AP versus oral antipsychotics, there has been an evolution to a new type of clinical trial design that combines some of the best features of both naturalistic "real life" studies and RCTs, namely pragmatic RCT. Currently, there is an ongoing trial in Israel and European countries (the EULAST study) that is an example of this kind of "new" clinical trial design. EULAST is a pragmatic randomized open label cohort study that includes a naturalistic type of follow-up among schizophrenic patients who are early in the disease course. Hopefully, it will dispel doubts concerning the advantages of LAI AP versus oral antipsychotics and will help clinicians to optimize patient's outcomes. ●

PERSONALITY IN EUTHYMIC BIPOLAR PATIENTS AS MEASURED BY SELF-REPORT INSTRUMENTS

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Simple logic would suggest that there should be some endophenotype for bipolar disorder. Possible endophenotypes could include specific variations in personality. Bagby and Ryder summarized the work up to that point by noting that the related personality traits of high neuroticism and harm avoidance seem to be associated with bipolar disorder as

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THE ASSOCIATION BETWEEN EXPOSURE TO TRAUMA AND MENTAL ILLNESS AMONG WORK MIGRANTS AND ASYLUM SEEKERS IN ISRAEL: A SURVEY AT THE OPEN CLINIC, PHYSICIANS FOR HUMAN RIGHTS, 2012-2013

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Introduction: In 2012, 183,896 work migrants and 47,704 asylum-seekers and work-migrants arrived in Israel. These populations are at high-risk for depression, anxiety and posttraumatic stress disorder (PTSD). The Open Clinic of Physicians for Human Rights (PHR) delivers free medical and mental health services to these individuals.

Study goal: To evaluate exposure to traumatic events, and compare the prevalence and risk of PTSD, depression and anxiety symptoms between work-migrants and asylum-seekers.

Methodology: An analytical cross-sectional study of adults visiting the Open Clinic was conducted. Participants completed self-report questionnaires including information on demographics and exposure to traumas, depression, anxiety and PTSD. Statistical models were constructed to predict outcome variables of PTSD, depression and anxiety as dichotomist variables using a logistic regression, and association odds ratio (OR) and confidence interval (CI) on 95% level.

Results: There were 241 participants; 165 asylum-seekers, 76 work-migrants. Work-migrants were exposed to more traumatic events. A total of 17-31% met PTSD criteria. Significantly more asylum-seekers met PTSD criteria. A total of 43%-50% met criteria for depression and/or anxiety, with no between-group differences. Significant association was found between immigration status and PTSD risk. Exposure to traumatic events was significantly associated with the prediction of PTSD, depression and anxiety.

Discussion: Exposure to traumatic events was high among the Open Clinic service users, specifically work-migrants. Prevalence and risk of post-traumatic symptoms were significantly higher among asylum-seekers. It is important to conduct further research, in order to characterize risk and resilience factors in this excluded population, and to plan language and culture-competent mental health services. ●

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MEDICAL MARIJUANA DEPENDENCE AMONG CHRONIC PAIN PATIENTS SUFFERING FROM DEPRESSION AND ANXIETY

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Introduction: In recent years, medical marijuana (MM) is increasingly being used for the treatment of chronic pain. Depression and anxiety have been identified as risk factors for the problematic use of prescription opioids, yet their contribution to developing MM dependence hasn't been explored up to date. In this study we explored the association between depression and anxiety severity and the risk for cannabis dependence among chronic pain patients prescribed MM.

Methods: Participants were 324 chronic pain patients prescribed MM with no concurrent opioid treatment. All participants were screened for depression using the Patient Health Questionnaire (PHQ-9), for anxiety using the Generalized Anxiety Disorder questionnaire (GAD-7) and for problematic use of MM according to DSM-IV criteria for cannabis dependence using the AUDADI-IT questionnaire. Logistic regression analyses controlling for additional sociodemographic and clinical factors were conducted.

Results: Generally, prevalence of cannabis dependence was higher among participants with levels of depression and anxiety levels compared to those without depression or anxiety. However, after controlling for confounders only participants with severe depression were significantly more likely (Adjusted Odds Ratio=5.86) to screen positive for cannabis dependence compared to those without depression.

Conclusions: Severe depression may be a risk factor for problematic use of MM among chronic pain patients. Increasing use of MM calls for further exploration of potential risk factors which may predict problematic MM use among this population. ●

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SOTERIA HOUSE, A NEW SERVICE FOR PREVENTING PSYCHIATRIC HOSPITALIZATION: THREE VIGNETTES AND A DISCUSSION

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Inspired by a model developed in the early 1970s in the USA for the treatment of people in the throes of a mental crisis, often psychotic, the first "Soteria House" was established in Jerusalem in September 2016. The purpose of the house is to prevent psychiatric hospitalization, to offer a supportive therapeutic community and to help the person return to life in the community in the best possible manner. Treatment at the house is characterized by the absence of coercion of any kind, including the use of drugs, a high staff:

DEEP BRAIN STIMULATION FOR OBSESSIVE COMPULSIVE DISORDER: CASE REPORT OF THE FIRST OCD PATIENT IN ISRAEL

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Treatment-resistant obsessive-compulsive disorder (OCD) is considered a severe psychiatric disorder that causes severe functional decline. In the past, these patients were treated by selective ablation of neuronal pathways related to the pathophysiology of OCD. Deep brain stimulation is an effective and safe treatment alternative that enables reversible changes in neural circuits and reduces OCD symptoms. In this paper we present the outcome of a treatment-resistant OCD patient who underwent deep brain stimulation procedure for the first time in Israel. The patient has achieved a significant decline in OCD symptoms as well as improvement in personal and social functioning. The discussion focuses on methods to implement deep brain stimulation for OCD patients in Israel. ●

EGO-STATES HYPNO-ANALYSIS: CASE STUDY OF PATIENT WITH CHRONIC COMBAT PTSD

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Psychotherapy by means of hypnosis is one of the oldest methods of psychotherapy. The hypnotherapy method is particularly suitable for treating trauma victims. This article presents a clinical case and description of treatment by the hypnotherapy method called Ego State Hypno-Analysis. This treatment is part of a multi-stage therapeutic program based on the principles of the psycho-trauma treatment by Pierre Janet and John Watkins. The results indicate that hypnotic psychotherapy can accelerate and improve the treatment of patients suffering from chronic PTSD. ●

THE EFFICACY OF THE DECISIONS OF TREATING PHYSICIANS VS. DISTRICT PSYCHIATRIC COMMITTEES IN REGARD TO THE DISCHARGE OF COMMITTED PSYCHIATRIC PATIENTS: A REGIONAL STUDY

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Background: The Israel Mental Health Act of 1991 stipulates a process for involuntary psychiatric hospitalization (IPH). A patient thus hospitalized can be discharged by either the treating psychiatrist (TP) or the district psychiatric committee (DPC). The decision rendered by the DPC is often at odds with the recommendation of the TP. This study attempts to compare the variance between the TP and the DPC decisions in different geographical regions in Israel.

Methods: We examined the outcomes of decisions made by the DPC using readmission data – an internationally recognized indicator of the quality of hospital care – and compared them to the outcomes of patients discharged by the TP. All IPH discharges resulting from the DPC's determination for the year 2013 (N = 972) were taken from the Israel National Register. We also collected information regarding all IPH discharges owing to the TP's decision for 2013 (N = 5788). We defined "failure" as readmission in fewer than 30 days, involuntary civil readmission in fewer than 180 days, and involuntary readmission under court order in less than 1 year.

Results: The re-hospitalization pattern was compared in the two groups of patients discharged from psychiatric hospitalization during 2013 (index discharges) and followed up individually for a year.

We found a statistically significant difference between the success rates of the various regional DPCs and the hospital TP groups, with the TP average (74.5% national success rate) success significantly better than the DPC groups (66.7% national success rate). Moreover, the variance between the decisions made in the different geographical regions in the two groups was also statistically significant (σ^2 variance was 80.4 and 27.1 for the DPC and TP groups, respectively).

Conclusions: The results we present indicate that the variance of decision "failure" (readmission) and "success" across the various geographical regions was found to be significantly better in the TP group than in the DPC group. We consider it likely that whereas TPs discharge IPH patients in accordance with well-accepted clinical approaches, the DPC's decisions are based on interpretations of the law (regarding, e.g., the patient posing a physical threat) and on the DPC's understanding of what is meant by the patient's "best interests."

We suggest introducing more formal psychiatric training for the legal staff of the DPCs and building a structured and standardized method for reviewing the patient. Moreover, we propose using "soft paternalism" as an approach, which would justify limitations on individual liberties for the benefit of persons being restricted, provided that they are unable to make a choice that would be consistent with their own interests. This is often an appropriate and perhaps a more practical approach, one that the DPC could adopt in place of the present conservative approach, which requires a specific standard of "proof" of major illness to qualify as insanity requiring hospitalization. ●