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## **Campaign urges quality health care**

**The Times-Picayune | 07.09.08**

Staff reports

Gathered near the entrance of a shuttered Charity Hospital on Tuesday, representatives from local grassroots organizations in New Orleans announced their commitment to a multimillion-dollar national campaign to promote affordable health care.

The Louisiana Association of Community Organizations for Reform Now, commonly known as ACORN, has joined forces with Health Care for America Now in a \$40 million campaign to push for quality health care for all Americans.

The money will be spent on television and radio public service announcements and lobbying efforts to put pressure on the presidential candidates as well as local, state and national elected officials.

ACORN was joined Tuesday by local allies, which included the United Teachers of New Orleans, the Committee to Reopen Charity, the Louisiana Justice Institute and Pax Christi of New Orleans.

"The idea here is to revamp the health care system to make it more affordable," said Tanya Harris, an ACORN spokeswoman.

The Tulane Avenue hospital was chosen as the location for the news conference because it is a symbol of the quality, affordable health care that New Orleans once had but is now sorely lacking, said Brad Ott, a member of the Committee to Reopen Charity.

Ott said an independent evaluation of the feasibility of Charity Hospital being used for medical use in the future is scheduled to be released on Aug. 21.

"The (health care) situation in New Orleans is beyond critical," Tracie Washington, president and CEO of the Louisiana Justice Institute, said. "We've hit beyond critical mass. We know we needed to do something yesterday."

New Orleans was one of 44 cities across the country to announce its commitment to the Health Care for America Now campaign Tuesday. Other major cities involved include Atlanta, Los Angeles and Philadelphia.

<http://www.nola.com/timespic/stories/index.ssf?/base/news-29/1215580902195340.xml&coll=1>

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**Push to Save Big Charity**  
**Gambit Weekly | 07.08.08**  
Clancy DuBos

Several preservationist groups have joined forces to try to save Big Charity, the historic, art deco-style hospital built by Huey Long to serve the state's poor.

The hospital shut down soon after Katrina, and efforts to reopen it have been quashed by the state. Meanwhile, preservationists worry about what will happen to the historic building.

The National Trust for Historic Preservation, the Louisiana Trust for Historic Preservation, the Preservation Resource Center and the Louisiana Landmarks Society have joined the Foundation for Historical Louisiana (FHL) to save the iconic edifice.

In the just-ended legislative session, lawmakers passed a resolution (HCR 89) authorizing the foundation to hire an architectural firm to conduct "an independent assessment of Big Charity to determine if it can be restored," according to foundation executive vice chair Sandra L. Stokes.

In a letter dated June 25, Stokes notes one problem with the legislation: The "authorization" did not come with any "appropriation" — meaning there's no money in the new state budget to pay the reviewing architectural firm.

"Without a professional study this building is in peril," she writes. "The FHL must have donor support to fund the assessment.

" Donations to the foundation's Charity Hospital Fund can be made via the group's Web site ([www.fhl.org](http://www.fhl.org)). — DuBos

[http://www.bestofneworleans.com/dispatch/current/news\\_scut.php](http://www.bestofneworleans.com/dispatch/current/news_scut.php)

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## **VA launches expansion in veterans health facilities including 5 in Louisiana The Town Talk | 07.09.08**

WASHINGTON, D.C. - Secretary of Veterans Affairs Dr. James B. Peake has announced plans to create 44 new community-based outpatient clinics to bring the world-class health care of the Department of Veterans Affairs (VA) closer to home for veterans in 21 states, according to a news release.

There are five planned for Louisiana -- Lake Charles, Leesville, Natchitoches, St. Mary Parish and Washington Parish.

"VA continues to make access to care easier through an expanding outpatient system focused not only on primary treatment but also prevention of disease, early detection, and health promotion," Peake said.

The new clinics, scheduled to be activated over the next 15 months, will increase VA's network of independent and community-based clinics to 782, an increase of more than 100 in five years.

In addition to on-site primary care staff, clinics offer telehealth systems permitting veterans to maintain regular contact with doctors in specialties from cardiac care to mental health at regional VA hospitals linked for video consultations, coupled with telemetry of health data or images.

### VA's Planned Sites for New Outpatient Clinics

Alabama (2) -- Marshall County, Wiregrass

Alaska -- Matanuska-Susitna Borough area

Arkansas (2) -- Ozark, White County

California -- East Bay-Alameda County area

Florida -- Summerfield

Georgia (4) -- Baldwin County, Coweta County, Glynn County, Liberty County

Indiana (2) -- Miami County, Morgan County

Iowa -- Wapello County

Louisiana (5) -- Lake Charles, Leesville, Natchitoches, St. Mary Parish, Washington Parish

Maine -- Lewiston-Auburn area

Minnesota (2) -- Douglas County, Northwest Metro

Missouri -- Franklin County

New Mexico -- Rio Rancho

North Carolina (2) -- Robeson County, Rutherford County

North Dakota -- Grand Forks County

Ohio -- Gallia County

Oklahoma (4) -- Altus, Craig County, Enid, Jay

Tennessee (3) -- Giles County, Maury County, McMinn County

Texas (5) -- Katy, Lake Jackson, Richmond, Tomball, El Paso County

Virginia (3) -- Augusta County, Emporia, Wytheville

West Virginia -- Greenbrier County

<http://www.thetowntalk.com/apps/pbcs.dll/article?AID=2008307090064>

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## **Expert critical of FEMA's handling of mental health issues**

**The Advocate | 07.09.08**

By JOHN BOYD

A national expert on children's health criticized FEMA in dealing with the mental health needs of Hurricane Katrina's youngest survivors and called for stronger leadership from the state government in providing assistance.

Speaking at an Advocate editorial board meeting Monday, Dr. Irwin Redlener, president of the Children's Health Fund, painted a picture of bureaucratic deadlock that has left "tens of thousands of children&hellip;in serious limbo."

According to Redlener, as many as 49,000 families may be in need of assistance as FEMA, the Federal Emergency Management Agency, continues to empty displaced residents from agency trailers.

Redlener believes the agency is ill-equipped to serve the changing needs of those households as they transition into other living situations. The state could help, Redlener said, but FEMA has been slow turning over the names of trailer residents.

As the state's remaining FEMA trailer parks empty, the worry increasingly becomes whether the persons to match these names will be lost to "Never-Never-Land," Redlener said.

"The fundamental fix to this would be, even before communities get set up, to make sure every family displaced out of FEMA trailers has a case worker able to provide assistance," Redlener said.

A recent study coauthored by Redlener found that more than half of trailer residents polled reported "significant mental health distress" and "fatalistic sentiments" two years after the August 2005 storm. More than 50 percent also reported that life was worse two years after the storm than immediately following it.

In the past when times were hard, these residents relied on the support of family, friends and neighbors, Redlener said, but with many families still separated, the "social support networks" many survivors relied on are missing.

"People are truly left on their own in these truly dire circumstances," Redlener said.

Along with musician Paul Simon, Redlener established The Children's Health Fund in 1987 to advocate for improved healthcare for underinsured and low-income children. The organization maintains 22 sites around the country and has sent its mobile medical units to disaster areas related to Hurricane Andrew in 1992, Ground Zero in New York in 2001 and the Gulf Coast following the landing of Hurricane Katrina.

"We expected to be in Louisiana a few months, but we're still here," Redlener said. "It has been quite a saga."

Redlener also is the director of Columbia University's National Center for Disaster Preparedness and author of "Americans at Risk: Why We Are Not Prepared for Megadisasters and What We Can Do."

In the nearly three years since hurricanes Katrina and Rita bombarded the Louisiana and Mississippi coast, he has worked on the ground with survivors in both states.

"Families are trying to deal with problems for which they have no resources," Redlener said. "It's demoralizing and frightening. These families are just trying to get their feet on the ground."

<http://www.theadvocate.com/features/24148299.html>

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**Eastern N.O. needs hospitals**  
**The Times-Picayune | 07.07.08**  
D. Dabon

It is incomprehensible that expensive feasibility studies are still being done to determine whether hospitals in eastern New Orleans should reopen. Not only does the immediate population warrant it, but the "experts" who were paid all this money are not taking into account the thousands of people in areas outlying eastern New Orleans.

Also at risk are the thousands of people who are employed in this area and who, along with the residents, may be unable to cross the twin spans or the high rise to get timely medical assistance.

As far as hiring medical staff is concerned, let's look at developing cooperatives with local universities offering incentives to those in the medical fields to work in this area.

Let's not waste any more time and money on studies, plans and talk that produce no results. Residents of this area are sick and tired of excuses and reasons for their needs not being met.

The people are here and the need is great.

D. Dabon  
New Orleans

<http://www.nola.com/news/t-p/letterstoeditor/index.ssf?/base/news-12/1215494473164080.xml&coll=1>

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## **Governor Jindal Signs New Orleans Mental Health Bills**

**Bayou Buzz | 07.08.08**

BayouBuzz Staff

NEW ORLEANS – On Monday, Governor Bobby Jindal highlighted the importance of his comprehensive mental health care reform legislative package passed in the regular session. Jindal spoke about the importance of the five pieces of legislation the administration supported in the session to strengthen the overall design of Louisiana’s mental health delivery system. Previously, at a New Orleans press conference, Jindal had outlined these initiatives before the legislative session and emphasized the mental health care legislation as a focal-point of need.

Jindal’s five mental health care bills are a package of legislation that will work to create a comprehensive, community-based mental health system in Louisiana. The bills provide criteria for crisis receiving centers, expand Human Service Districts, provide for assistive outpatient treatment (“Nicola’s Law”), and allow mental health exams using telemedicine.

Governor Jindal said, “This mental health care package is a great step forward in reforming the mental health care delivery system in our state. This legislation makes it easier to provide mental health services to people in need, and helps keep communities safe from those who are a danger to themselves or others. We have much more work to do to reform our health care system, but this legislation is a solid step toward forming a single point of entry system to help those in crisis get the services they need as quickly as possible.”

At the press conference today, Jindal was joined by DHH Secretary Alan Levine, New Orleans Councilmember Shelley Midura, Senator David Heitmeier, Senator Cheryl Gray and Representative Jon Labruzzo at the New Orleans Adolescent Hospital. The hospital was the city’s first public in-patient mental health facility to reopen after Hurricane Katrina and serves a vital role in providing important mental health services to children and adolescents in New Orleans.

DHH Secretary Alan Levine said, “These bills form the starting point for a comprehensive, community-based mental health system that will truly meet the needs of communities throughout the state. Thanks to strong support from Governor Jindal, and the Louisiana legislature, our state is finally headed in the right direction when it comes to mental health care.”

Governor Jindal’s mental health care reform package is part of a series of initiatives to improve mental health care delivery in Louisiana. The administration also invested \$89 million to support mental health care services, and recently began covering Multisystemic Therapy, a research-proven for youth with significant behavioral problems. Additionally, DHH has completed a detailed evaluation of the Metropolitan Human Services District, including step-by-step recommendations for improving the operations of the MHSD, many of which have already been implemented. In addition to these initiatives, DHH has implemented Assertive Community Treatment Teams (ACT) and Forensic Assertive Community treatment Teams, both nationally recognized evidence-based practices, which provide vital mental health services to the most vulnerable, and difficult to reach citizens. These initiatives fit with the Governor’s comprehensive community-based mental health care legislative package to create a sustainable mental health care system that is regionally focused to best meet individual needs.

Also, recently, the DHH has started on an ambitious program to provide e-prescriptions to Medicaid patients. That was not part of the legislative package outlined by Governor Jindal.

Below are the five bills the Governor highlighted today as his comprehensive mental health care reform package:

### **Governor Jindal’s Comprehensive Mental Health Care Reform Package**

#### **Senate Bill 228 - Crisis Receiving Centers**

This law allows for the creation of crisis receiving centers, which can immediately assess and meet the needs of people experiencing a mental health crisis. These facilities are not hospitals, but are easily accessible community sites available to the public, law enforcement and other officials that provide a

uniform, 24-hour single point of entry for citizens experiencing a behavioral health crisis, including those presenting with suicidal, homicidal or violent behavior.

#### House Bill 930 - Expansion of Human Services Districts

This law expands and creates standards for Human Service Districts, which are regionally governed and operated behavioral health systems that deliver true continuity of care to citizens throughout the state. Human Service Districts will become the primary providers of behavioral health and developmental disability services on a region-by-region platform. Human Service Districts will be individually tailored to meet the unique needs of each community. Each new Human Service District will be locally governed and managed with input from the community.

#### Senate Bill 182 - Assistive Outpatient Treatment (“Nicola’s Law”)

This law is named after the New Orleans police officer murdered with her own gun by an individual widely reported to have been in and out of mental facilities. The law provides additional legal options to behavioral health experts and families to ensure mental health clients in crisis receive the services they need. Nicola’s law allows select health officials to petition for an order of assistive outpatient treatment, requiring a patient to receive the help they need when they will not do so voluntarily.

#### House Bill 653 - Mental Health Exams Using Telemedicine

Currently, when patients in Louisiana are considered dangerous to themselves or others and need to be involuntarily institutionalized, a mental health professional must complete an “actual exam” to assess the patient’s needs. This law allows the use of telemedicine through video and audio technology to allow psychiatrists in a different location to issue the emergency certificates needed to commit individuals in crisis who may be a danger to themselves or others. This important piece of legislation will reduce wait times for those in crisis, ensuring they get the care they need as quickly as possible.

#### House Bill 193 – Malpractice Insurance for Telemedicine

This bill will ensure that physicians and other mental health care professionals who are providing telemedicine services on a voluntary basis for the Department of Health and Hospitals have medical malpractice liability coverage. This bill eliminates a major barrier in current law that would discourage physicians from volunteering to provide telemedicine services to patients throughout the state.

[http://www.bayoubuzz.com/News/Louisiana/NewOrleans/Governor\\_Jindal\\_Signs\\_New\\_Orleans\\_Mental\\_Health\\_Bills\\_6738.asp](http://www.bayoubuzz.com/News/Louisiana/NewOrleans/Governor_Jindal_Signs_New_Orleans_Mental_Health_Bills_6738.asp)

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## **Abuses Are Found in Online Sales of Medication**

**The New York Times | 07.09.08**

By ERIK ECKHOLM

A large majority of 365 Internet sites that advertise or sell controlled medications by mail are offering to supply the drugs without a proper prescription, according to a new study. The online trade is stoking the rising abuse of addictive and dangerous prescription drugs, the authors and federal officials say.

Drugs offered online include generic versions of opiates like OxyContin, methadone and Vicodin, which are legitimately prescribed as painkillers; benzodiazepines like Xanax and Valium, which are prescribed for anxiety; and stimulants like Ritalin.

Federal and state efforts to crack down on Internet sales appear to have reduced the number of sites offering such drugs, from 581 last year, said Joseph A. Califano Jr., director of the National Center on Addiction and Substance Abuse at Columbia University.

"Nevertheless, anyone of any age can obtain dangerous and addictive prescription drugs with the click of a mouse," Mr. Califano said. The center is issuing the study, the latest of five annual surveys, on Wednesday.

The Drug Enforcement Administration found that 85 percent of all Internet prescription sales involved controlled drugs, compared with just 11 percent of those filled through regular pharmacies, suggesting that online sales often are destined for misuse.

"Abuse of prescription drugs has exploded among college students, and we think that one way they get these drugs is over the Internet," Mr. Califano said. The use of prescription opioids and anxiety drugs, especially in combination, accounts for a growing share of deadly overdoses nationwide.

"The Internet made it easy for the drug dealers to sneak into your living room," said Francine Haight of La Mesa, Calif, whose son Ryan died in 2001 at the age of 18 from an overdose of hydrocodone, generic Vicodin, which he had secretly ordered online with a debit card. An A-student and varsity tennis player, he had claimed in an online questionnaire to be a 25-year-old with back pain, got his prescription and was mailed the drug. Ms. Haight, a registered nurse, has since fought against online sales.

Federal law bars dispensing dangerous medications without a prescription from a doctor who has a bona fide relationship with the patient. But officials have had a hard time catching up to rogue Internet pharmacies that sometimes ship the drugs from foreign countries in disguised packages.

For the last several years, the Drug Enforcement Administration and others have worked to halt the illegal trade and prosecute involved doctors and suppliers, with limited success.

"One of the main problems is that the sites can literally open up for a week, close and open up under a different name," said Michael Sanders, a spokesman for the Drug Enforcement Administration.

In a more recent practice, the new study found, some sites sell written prescriptions that can then be used at local pharmacies.

Using popular search engines like Google, Yahoo and MSN, the Columbia researchers found 365 sites offering controlled drugs by mail. Of these, 206 were advertising sites, directing consumers to a seller. Of the 159 sites that directly sold controlled drugs, 135, or 85 percent, did not require a prescription or provided them on the basis of online questionnaires.

In an effort to make their surveys consistent, in each of the last five years the researchers have spent the same amount of time searching, 210 hours, for the same list of drugs. The number of sites rose to 581 in 2007, then fell to 365 this year. The study will be available online on Wednesday at [www.casacolumbia.org](http://www.casacolumbia.org).

In April, the Senate passed the Ryan Haight Online Pharmacy Consumer Protection Act, which would require certification of online pharmacies and that doctors see patients before prescribing controlled drugs. The bill is now in committee in the House.

At least eight states have passed laws barring electronic prescribing or sales without a legitimate prescription. Minnesota passed a law in 2007 requiring doctor-patient consultations but found that “the Web sites went around us, doing 30-second consultations on the phone,” said Dan Pearson of St. Cloud, Minn., whose son Justin died of drug poisoning in 2006, aged 24, after obtaining large quantities of hydrocodone and Xanax from 17 online pharmacies. The law was strengthened this year to require face-to-face consultations.

“Anyone can have these drugs at their door within 48 hours,” usually using a credit or debit card to pay for an online prescription and then a money order to pay for express delivery, C.O.D., Mr. Pearson said.

Federal drug authorities have begun working with credit card companies and banks to try to prevent such transactions, while major Internet search engines have used a verification program called Pharmacy Checker to confirm that advertisers are legitimate. But the system appears to be full of holes, critics say.

Mr. Califano sent letters this week to senior officials of Google, Yahoo and MSN asserting that they were “profiting from advertisements for illegal sales of controlled prescription drugs online,” and calling for stronger action.

Diana Adair, a spokeswoman for Google, said the company took the problem seriously and in addition to using Pharmacy Checker, had consulted with federal agencies on ways to stem the trade. Kelley Benender, a spokeswoman for Yahoo, said the company was “working to identify the illegal sites and will take appropriate action.”

A spokesman from MSN said the company had no comment.

[http://www.nytimes.com/2008/07/09/health/09drugs.html?\\_r=1&ref=health&oref=slogin](http://www.nytimes.com/2008/07/09/health/09drugs.html?_r=1&ref=health&oref=slogin)

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## **Report examines home health care response in a flu pandemic** **AHA News | 07.08.08**

The Agency for Healthcare Research and Quality today issued a report offering potential strategies to help home health care agencies prepare for a flu pandemic.

The report emphasizes the potential for home health providers to help handle a surge in patients, and the need to involve them in local planning and coordination.

It also explores the potential use of technology to monitor patients at a distance, the legal and ethical considerations of providing care under emergency conditions, and workforce issues such as training and the ability to report to work.

The strategies and recommendations are based on key issues and challenges raised by an expert panel convened last summer.

[http://www.ahanews.com/ahanews\\_app/jsp/display.jsp?dcrpath=AHANEWS/AHANewsNowArticle/data/ann\\_080708\\_pandemic&domain=AHANEWS](http://www.ahanews.com/ahanews_app/jsp/display.jsp?dcrpath=AHANEWS/AHANewsNowArticle/data/ann_080708_pandemic&domain=AHANEWS)

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## Drugs' Links To Suicide Risk Draw Concern

The Wall Street Journal | 07.09.08

By ALICIA MUNDY

Federal regulators are about to expand the number of drug warnings for suicide risk, escalating worries for consumers and fueling a debate about whether the Food and Drug Administration is overreacting, or properly alerting the public of risks it ignored for too long.

The FDA is expected Thursday to recommend new tough "black-box" warnings about suicide risk and suicidal behavior for a group of 11 epilepsy drugs -- adding them to about 50 other new or additional warnings for suicide risk compiled in just the past four years. In all, these warnings cover about 35 drugs. (Some drugs' warnings were strengthened or expanded in the wake of new information or research.)  
[chart]

All drugs come with warnings about possible side effects. But now, some drugs designed to treat conditions ranging from depression to the compulsion to smoke cigarettes carry warnings that tell patients that they could experience "suicidality," the medical term for suicidal thoughts or behavior.

Among the 20 best-selling drugs of 2007, six already carry warnings for suicidality, and one was the subject of a special FDA "alert" this year and is being further studied.

Weighing a drug's suicide risk against its potential health benefits has become a growing concern within the FDA. On Tuesday, at the regular meeting of top FDA officials and Commissioner Andrew von Eschenbach, agency leaders discussed whether the FDA should work with the National Institutes of Health to more comprehensively address the dilemma. They want to know if new or existing research on molecular activity in the brain could better determine what chemicals are likely to stimulate suicidal ideation. This kind of analysis would help the FDA as it considers more suicide-risk warnings for different drugs.

Prior to 2000, the FDA almost never raised the issue of suicide risks. That changed in 2004, after the agency endured scathing criticism for taking more than a year to respond to studies linking suicidality among teens and children to their use of popular antidepressants. Black-box labels, the strongest warnings used, were mandated at the end of 2004 and expanded later.

The pending move by the FDA on epilepsy drugs highlights the problem now facing doctors, pharmaceutical companies and patients as more and more popular drugs are tagged with suicidality warnings.

"I think putting a black box on these drugs is terrible," says Ginny Miller -- an activist best known as "KayakMom" on the public blog on the Epilepsy Foundation of America's Web site. Mrs. Miller of Dayville, Conn., and her teenage son Sam both suffer from epilepsy. In an interview, she says the 11 epilepsy medicines "are strong drugs, and yes, they have side effects," including mood swings. Sam has tried to kill himself twice, she says.

However, "the FDA is making a mistake in alarming patients" who have no choice but to take their epilepsy drugs to prevent seizures, Mrs. Miller adds.

For makers of the epilepsy drugs -- with sales of \$8 billion last year -- the disorders go beyond just epilepsy, since the same drugs are widely used by patients with other problems. Lyrica, an epilepsy drug made by Pfizer Inc., had \$1.8 billion in sales alone and is widely used for fibromyalgia, a disorder associated with chronic pain. Pfizer did not comment for this article but earlier said that it disagrees with the FDA analysis.

Thomas Laughren, who runs the FDA's division on psychiatric treatment and drugs, says that until about 2003, the FDA didn't have systematic data on suicide risks, and that it was difficult to determine how to separate drug side effects from the disease itself.

Patients on antidepressants are already at risk for depression, mood swings, anxiety and suicidal behavior. So are epilepsy patients, according to studies that suggest a strong link between the disease and a risk of depression four times that of the general population.

The rise in suicidality warnings crosses different classes of drugs. The popular smoking-cessation drug Chantix, made by Pfizer, was also linked to a heightened risk of suicidality, and a warning was added this year to Chantix's label.

In March, the Merck & Co. allergy and asthma drug Singulair, the sixth-most-popular drug in America, according to IMS Health sales analyses, was the subject of an unexpected "early warning" by the FDA based on anecdotal data of suicidal behavior from some patients and doctors. The agency is reviewing data from earlier studies on Singulair, but has not indicated whether it will add a warning to the drug's label.

The FDA now is asking some drug makers to include studies looking for suicidality during the approval process. Columbia University Medical Center has developed a framework for looking for suicidality side effects during clinical trials, and it is being used by several companies, says Dr. Laughren.

Kelly Posner, a clinical researcher, worked with the FDA to help create Columbia's suicide-risk-assessment scale to standardize information and questions about suicidality. The problems with some of the new suicide-risk "alerts," such as that for Singulair, she says, is that they are based on spontaneous reports from patients and doctors.

Former FDA Deputy Commissioner Scott Gottlieb, who served during the Bush administration, says the agency's heightened concern about suicide will add new cost and uncertainty to drug development. It comes at a time when some big drug makers already are complaining that tougher FDA scrutiny is delaying the launch of valuable new remedies in the U.S.

[http://online.wsj.com/article/SB121556144610237551.html?mod=2\\_1566\\_leftbox](http://online.wsj.com/article/SB121556144610237551.html?mod=2_1566_leftbox)

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