Everyone,

Relative to our interest in the newest major disorder in psychiatry, electronic device use disorder, in last Sunday's The New York Times Magazine, "More American adolescents than ever are suffering from severe anxiety." Why? A focus on a researcher: "The more she looked for explanations, the more she kept returning to seemingly unrelated trend lines – depression in teenagers and smartphone adoption." The article also points out what some of you have told me, the treatment of choice according to the authorities -- exposure therapy -- is not that easy for the depressed and anxious to do.

From J AAPL:
1] Important that the field have explicit standards of care, but they remain elusive. As of last April, there were 229 guidelines for psychiatry and psychology. Some problems:

A] Many guidelines become outdated. [The article didn't mention that only one of the American Psychiatric Associations Guidelines meets the definition of "current."]

B] Many guidelines conflict with each other.

C] Many guidelines lack scientific evidence to support the recommendations.

D] Guidelines developed by groups without a fiduciary responsibility for patients, e.g., insurance companies, may be biased.

[In 1979, the Washington Psychiatric Society initiated a motion for the American Psychiatric Association to develop guidelines that would, we thought, solve many clinical, educational and legal problems for psychiatry. We were wrong. The APA has not been up to the task of developing Guidelines that would blanket the field.]

2] An article titled, "What Neuroscience Can and Cannot Answer" says there are two fundamental problems that limit the evidentiary utility of neuroscience-based claims: the problems of reference inference and group-to-individual inference. In reading this article, I couldn't find what neuroscience *can* answer, quoting, "In closing, I emphasize that although neuroscience can inform, it will never be able to answer ultimate legal questions of culpability." Two core problems:
A] Because the brain is such a dynamic organ, one cannot reliably reconstruct from a neuroscan the brain's function at the time of the event.

B] The ecological value (i.e., a laboratory setting relevance to the setting where the event took place) is questionable.

Patients would often welcome suggestions on how to improve or protect their ability to remember. One of the world's most authoritative on enhancing one's memory is Peter V. Rabins, MD, MPH, faculty at both Maryland and Hopkins. In a University of California publication, he lists some ways of improving memory:

1] Give sleep a priority. Memory is better if one has had adequate sleep after what is to be remembered.

2] Write lists down. Besides writing it down, it might help to say it to yourself, “On the way home, I must get gas.”

3] Make a to-do list. For me, this is dating an index card and listing all that needs to be done on that day. I also have a list of what is needed each day at the doors leaving my residences and my office. Rabins suggests being sure to have the list’s location where it is prominent. I have a list of seven things at my apartment door and the same list at the door of my office that I’m to be sure to have when about ready to go through the door (e.g., keys).

4] Have a set location for all important objects. Most of Rabins’ readers probably have a specific spot for each item and so can recall where they are. With my limited memory, I have one location, a particular table top, for the things I need each day: one at my office, and one at each of my residences.

5] Use visual images. I guess some imagine me slipping on a banana peel when attempting to recall my name.

6] Use mnemonics.

7] When wanting to recall something, tell yourself that it is important, then concentrate on it and ignore sights and sounds.

8] When attempts at remembering fail: relax and think of other things; the missing memory may soon pop up.
9] Not something Rabins stresses, but I suggest practicing recall rather than practicing recognition. When writing, for example, recall is needed, not recognition. When studying for exams, I would suggest that not only is recall harder, but more useful in preparing for clinical work.

10] Rabins thinks two diets show promise as to a healthy brain: Mediterranean style and DASH.

Roger