Folks,

New Yorker cartoon, patient on couch, therapist sitting behind him, says, “Yes, you’ve mentioned this ‘Facebook’ in the past – tell me, is ‘Facebook’ saying anything right now.”

A debate of sorts in the NEMJ, 22 Sept 2016, pages 1187-1189, on the management of a 29 y/o woman who wants to lose weight:

One view: “Since the primary biological effect of most weight-loss medications is reduced hunger, increased satiety, or both, the use of pharmacotherapy enables patients to adhere to a dietary plan that enables a reduction in calories and to do so with better control and a reduced sense of deprivation. Weight-loss medications are approved for adults with a BMI of 30 or more, or 27 or more in the presence of at least one obesity-associated condition.

A different view: “Promoting and prescribing drugs to treat obesity does a disservice to our patients, society, and ourselves. . . .No drug [for obesity] has been shown to improve any clinically meaningful health outcomes. . .Patients almost invariably regain the weight they lost once medications are stopped. . . We can best help patients by recommending moderate caloric intake and exercise regularly.”

Also from the lakphy desk: A bunch of articles in Oct 25’s JAMA pointing out that key to improving this nation’s health care system, which they regard as abysmal given the US expenditure on health care, is to reduce tobacco use, improve nutrition, and improve physical exercise. After saying that physical exercise, among other benefits, produces faster cognitive processing speed and better performance on standardized academic tests, they recommend, for children and adolescents, 60 minutes daily of moderate or vigorous physical activity.

The Tulsa shooting that got major media coverage two weeks ago reminds that almost 50 years ago, a rash of people with inexplicable and dangerous behaviors had been admitted to Dr. Paul Luisada’s ward at St Es handling admissions from Anacostia, and he found that they were on phencyclidine, leading to a number of publications from him. When we interviewed these people as to why they took PCP, knowing it almost always caused unpleasant side effects, they would say something like, “anything that makes me feel different is worth it.”

On Oct 2, in the NY Times, “Medicating a Prophet,” an editorial saying that the psychosis of some patients includes positive elements for some patients. As you could guess, that did not sit well with Kensington’s E. Fuller Torrey, whose letter to the Times said that failure to treat such people increases the chances of their becoming homeless and violent. Fuller went on to write that “schizophrenia is not a romantic disease.”

The DSMs, especially since DSM-III [1980] focused on proposed syndromes, not symptoms as such. There may be times that you would like to note a symptom not part

of the diagnostic criteria of the DSM-5 disorder that you have selected, but a symptom that has become an important part of the treatment [Some of these were in previous Sentinels, but they are not in DSM-5].

R44.0 Auditory hallucinations
R44.1 Visual hallucinations
R44.2 Other hallucinations
R44.3 Hallucinations unspecified
R44.8 Other symptoms and signs involving general sensations and perception
R45.0 Nervousness
R45.1 Restlessness and agitation
R45.2 Unhappiness
R45.3 Demoralization and apathy
R45.4 Irritability and anger
R45.5 Hostility
R45.6 Violent behavior
R45.81 Low self-esteem
R45.82 Worries
R45.83 Excessive crying
R45.84 Anhedonia
R45,850 Homicidal ideation
R45.851 Suicidal ideation without attempt
R45.86 Emotional lability
R45.87 Impulsiveness
R46.0 Very low level of personal hygiene
R46.1 Bizarre personal appearance
R46.2 Strange and inexplicable behavior
R46.3 Overactivity
R46.4 Slowness and poor responsiveness
R46.5 Suspiciousness and marked evasiveness
R46.6 Undue concern and preoccupation with stressful events
R46.7 Verbosity and circumstantial detail obscuring reason for contact
R46.81 Obsessive-compulsive behavior

Roger