

Folks,

The May 2nd JAMA focuses on Conflict of Interest. Among the many points:

A] Physicians are trusted to place the needs and interests of patients ahead of their own. Those who have relationships that might be seen to influence their decisions must be fully transparent about them. Two types of interactions involving physicians are most relevant:

1] Commercial or research relationships.

2] Various gifts, sponsored meals and educational offerings that come to physicians. [Totalled \$235,000,000 in food and beverages in 2015.]

B] There are conflicts of interest. There are no *potential* conflicts of interests.

C] Every professional has conflicts of interest. The conflicts may be that outlined above in “A” supra or *internal* conflicts [personal interest in reputation or career development].

In yesterday’s NY Times, an article on preventing “Math Anxiety.” It suggests a mobile app, “Bedtime Math,” to help young ones become comfortable with mathematics. The app is especially useful for kids with parents who have math anxiety.

If math anxiety is severe enough to be a “Disorder,” I would suggest “F41.8 Math Anxiety” [not in DSM-5]. That would be different than dyscalculia, F81.2 Mathematics Disorder, an inability with mathematics.

The article claims math anxiety is found in all cultures. Not quite true. The Brazilian tribe Piraha does not use numbers, or at least not beyond three.

In this month’s JAMA Psychiatry:

1] A Danish study found that there is a much higher death rate among those who have been admitted to and discharged from a psychiatric hospital than a matching group of people not admitted. Suicide and alcohol-related conditions were among the most prominent differences.

Not addressed in the article is *to where* the patients were discharged. The St Es’s CHMC [1970s] for Anacostia believed continuity of care was important and accompanied the patient to their clinic setting on the day of discharge from the inpatient unit. We felt this increased clinic compliance.

2] Researchers have it tough. JAMA Psychiatry turned down 85% of submissions in 2016.

3] More than 10,000 digital health and smartphone applications for mental health are available -- and no agent, government or professional organization is providing guidance on which are helpful and which are dangerous.

Every person exudes a personal "odorprint" concocted from thousands of organic molecular compounds. This unique scent can broadcast our age, genetic makeup, and even disease -- which researchers believe will soon lead to earlier detection of illnesses [NY Times, 2 May 2017]. It will be interesting to see if researching odorprint will help psychiatry get unstuck.

From the Lakphy Desk:

1] Here's another reason to get your kids up and moving: Just a slight increase in American children's physical activity could save tens of billions of dollars in medical costs and lost wages.

2] People with unhealthy habits generally know they should change, although 1 in 5 of the highest-risk patients endorsed no need to do so, a Canadian population-based study found, e.g. smoking, lakphy, obesity, high stress, and diet low in vegetables and fruits. Barriers to adopting healthy behaviors were reported by 55.5% of those who said they should improve their health. Common barriers included self-discipline, work schedule, and family responsibilities.

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