Dear Folks,

Hope all are having a very safe day.

Cartoon in The New Yorker, March 13: physician and patient both looking at a screen, physician says, “So, as you can see, health care is so complicated you may never get well.”

For patients with Major Depressive Disorder, specific psychotherapy seems more effective than non-specific. Further, adding an extended phase to the acute phase of psychotherapy seems to improve results [JAMA Psychiatry, this month].

Goal-oriented cognitive rehabilitation for mild cognitive impairment and for early Alzheimer’s Disease appears to increase the duration of being independent, improve quality of life and reduce healthcare costs.

Suggested medications for post-concussion include [Psychiatric Annals, February 2017]:

1] Entyte bid for two months followed by qd for at least six months,

2] N-acetyl cysteine bid for one month followed by 400 mg qd for five months,

3] Docosahexaenoic acid for six months, and

4] Phosphatidylserine for six months.

February’s NEJM Journal Watch:

1] For what conditions might a single psychotherapy session effectively treat childhood disorders [cognitive behavioral approach did better than motivational interviewing]?

A] Effective for anxiety and conduct disorders

B] Effective, but less so, for substance-related disorders

C] Ineffective for depressive and eating disorders.

2] While one session was not effective for major depression, at least six sessions of psychoeducational behavioral activation, and problem solving is effective.

I do not want to get political, but there appears to be an increase in the past few months of people worrying. The February 28 Wall Street Journal had an article, “You’re a Worrier? Don’t Worry” that listed six steps you might suggest to a patient:

1] The patient should ask himself/herself if the emotion is equivalent in intensity to the situation. Usually the answer is “no.”

2] The patient should be encouraged to develop a different story that is not a worst-case scenario.

3] Have the patient write down, however, how he/she will deal with it should it occur.

4] Have the patient schedule 15 minutes each day to worry about whatever [maybe right after the evening news?], then postpone further worrying until the next day's 15-minute session.

5] At the end of the 15 minutes, tell the patient to picture their thought going through a shredder while yelling, "Shred!"

6] The article ends suggesting the person focus instead on music, a movie, a book or exercise.

Apparently, it is still not established that coffee postpones dementia, but in talking to patients you might want to point out that there is a huge range of how much caffeine is in a cup of coffee and in related drinks: Starbucks Coffee, Blond Roast, 475 milligrams. Folgers Ground Coffee, 70 mg. Teas 15-95 mg. Soft drinks 0 – 69 mg. Energy drinks, 50-200 mg. A very full listing in Feb Nutrition Action. If you can't pull it up and want to see the full listing, I can fax it to you if you give me your fax number.

Challenge for pharmaceutical firms: 1 in 10,000 compounds tested make it to market [WSJ, March 5].

From the lakphy desk: A two-year study of 26 people over the age of 70 found that physical activity, broadly defined, was associated with an increase in the left hippocampal volume [Amr J Geriatric Psychiatry, this month].

This month's Monitor on Psychology focuses on what I guess is our major new psychiatric condition: the use of smartphones to the extent that the use is causing clinical significant distress or disability in social, occupational or other important areas of functioning. The book, Irresistible: The Rise of Addictive Technology and the Business of Keeping Us Hooked, according to a review in The New York Times, defines addiction as "something you enjoy doing in the short term, that undermines your well-being in the long term – but that you do compulsively anyway." The author claims that it reduces the need to learn to memorize, because with the screen, "everything is right in front of you." The author writes that, "I'm addicted to email. I can't stop checking it." His preventive suggestion is to cordon it off to set times and not allowing screen checking in natural environments, such as when conversing with others. [I prefer twice a day, early morning and late afternoon.] How to code? Suggest, "F98.8 Smartphone Overuse." For some it is an addiction, for some an impulse condition, for some a compulsion, so I would suggest "Overuse" as the more comprehensive selection. This is not to imply that smartphones are always pathological. They are used, for example, in some successful cognitive psychotherapy approaches [Int J Geriatric Psychiatry 2013: 28:402-409].

Today's NY Times, page G1, 'Youths Dial Up a New High, " has a somewhat positive angle to this new condition, suggesting that the overuse of smartphones are replacing overuse of drugs. Next month, NIDA is going to explore whether this condition should be added to its foci.

Roger