

Folks,

Periodically we want to remind you of Harold Eist's reflections some years ago on the County's Chief Psychiatrist position that I hold: "This position has become a roosting place for quislings, cowards, petains, mountebanks, other forms of scoundrels and a servant of inertia."

In today's NY Times:

1] An article on social rejection [ICD-10-CM code, Z60.4], winning for those who like biological explanations, "For a Broken Heart, Take Tylenol," page 6 ST. As title suggests, article says that, acetaminophen can reduce physical and mental responses associated with the pain of social rejection, whether in romantic relationships, friendships or otherwise.

2] In "The Benefits of Despair [page 6 ST], it is argued that having finely granulating negative feelings when faced with a setback allows people to be more agile at regulating their experiences, more likely to respond with actions that are healthy.

3] "Can Opioids Treat Depression?" makes several points:

A] After two rounds of medication treatment for depression, 50% are better, after four rounds, 70%. For the 30%, intense exercise might work. The focus of the article is on opioids, used for thousands of years. Reminding us that, for some, pain from self-mutilation releases opioids that counter dysphoria. Under study is low dose buprenorphine for reducing dysphoria.

More items from the APA Annual. Keep in mind that for many posters, the sample size is very small. Also, almost every poster said, "further studies are needed."

1] Mindfulness-based cognitive therapy is a group based, manualized program aimed to teach skills that will reduce the recurrence of depression. Study found that it decreases the need of care regardless of medication changes, but not clear if mindfulness-based cognitive therapy allows patients to respond to situations more skillfully or if mindfulness-based cognitive therapy itself decreases depressive symptoms.

2] In individuals with traumatic brain injury, current evidence, although limited, suggests efficacy for the use of acetylcholinesterase inhibitors, and the medications are well tolerated.

3] Relative to coffee and tea impact on depression, results suggest that higher consumption of coffee may confer protection against depression, whereas no such association was found for tea.

4] The most commonly used substances in the pharmacological management of Music Performance Anxiety are beta-blockers and benzodiazepines. However, these options are not fully efficient and cause relevant side effects that can interfere with performance. Therefore, a suggestion that oxytocin be explored for this disorder. Results with 12 musicians pretreated with intranasal oxytocin (24 UI) or placebo in a crossover trial involving an experimental situation of public performance was tried with satisfactory results.

5] For apathy of people with Alzheimer's, animal-assisted mediation can produce a large number of benefits, not only on a motivational, emotional and communicative level, but also on an attentional level, which improves mental condition and ultimately the patient's overall quality of life. Another study found that when staff rated the patient's mental status, the "improvement" was much more pronounced than if the ratings came from the patients.

6] For alcohol dependence, nalmefene got a positive review.

7] Much of the literature on using ketamine has focused on the injectable version. A study found sub-anesthetic ORAL ketamine produced rapid amelioration of depressive symptoms in ambulatory treatment resistance patients and was well tolerated. Dose not specified.

8] Reminiscence therapy is used to enhance self-esteem and decrease depression while providing comfort in demented patients. The therapy is known to increase well-being and decrease problem behaviors in nursing home patients with Alzheimer's. Case presented of patient with profound cognitive deficits from glioblastoma multiforme, and reminiscence therapy appeared to improve affect and his control of his emotions, as well as improved executive function.

9] Long-acting injectables are usually expected to solve the issue of patient noncompliance, but will they also reduce polypharmacy? Study suggested that is true if polypharm involves clozapine, but not yet established that the polypharm will be reduced with other antipsychotics.

10] In clozapine-resistant schizophrenia, ECT shown to be beneficial.

11] Study said that in treating adult ADHD patients with atomoxetine, titrating up to 80 mg/d is important in achieving good clinical results.

12] Another study as to ADHD in adults, multilayer-release methylphenidate seemed safe, effective and demonstrated superior ADHD symptom improvement compared to placebo in functional outcome, executive function, quality of life and patient satisfaction with no negative impact on sleep quality.

13] In treating patients with depression, study compared vilazodone and paroxetine and concluded that both demonstrated improvement in depression, health-related quality of

life and cognition. However, the vilazodone group had greater improvement in depression and quality of life, and the paroxetine group had greater improvement in cognitive measures of attention and executive function.

14] For hoarding disorder, atomoxetine may be considered as a potentially effective choice. Study reflected on successful treatment of five pts. Placebo effect? Maybe not, as study also found that atomoxetine significantly reduced the number of marbles buried by mice in their sand boxes in comparison to control mice not given atomoxetine.

Roger