

All,

NEJM, 22 June 2017:

A) On incarceration [Z65.1] and health: An editorial on the need to humanize jails and prison notes in passing that mortality among people living in prisons and jails is lower -- yes, *lower* -- than the general population. Suggested reason is that incarceration “removes people from dangerous circumstances.”

B) Review article on PTSD:

1) The core features are the persistence of intense, distressing and fearfully avoided reactions to reminders of the triggering event; alteration of mood and cognition; a pervasive sense of imminent threat; demission sleep; and hypervigilance. [Rather than DSM-3/IV/5 criteria sets, we are likely to see this type of definition in the next DSM.]

2) Trauma-focused cognitive behavioral therapy is the best-supported psychological intervention for PTSD. Still, it is recommended that clinicians first ascertain the patient’s treatment goals.

TIME, July 4: “The Drug Cascade” reviews the vast increase in costs of treating pain, not only of the pain medications themselves through development of alternative ways of administration of the drug, but also the development of medications to address the side effects. Last year a NEJM editorial suggested several approaches to reduce costs:

- 1) Have the Federal government purchase and distribute naloxone
- 2) U.S. could allow cheaper importation of naloxone
- 3) Make naloxone over-the-counter
- 4) Have FDA use a provision of patent law that could compel lower pricing.

When I came to St Es in 1960, Electro Convulsive Treatment was carried out without anesthesia because ECT never kills. Broken bones maybe, but no deaths; anesthesia might kill. [Later St Es contracted with a local hospital to provide excellent anesthesia for ECT]. At this year’s 13th World Congress of Biological Psychiatry, a paper reported that deaths with anesthesia are down to 0.0002%.

Of occupations in the US, farmers have the highest suicide rates despite good economic trends.

Post-partum depression is the most common medical complication of maternity, affecting around one in ten new mothers [Lancet, 12 June].

From the Lakphy [=lack of physical exercise (Z72.3)] desk:

In JAMA 20 June, a report on factors that can influence obesity in children and adolescence, N of >8,000, mentions counseling as to physical exercise, but does not measure the impact of that counseling as to any change in physical activities. This leads to some other thoughts I suspect you have:

- 1) Are there any ethical issues as to prescribing medications or psychotherapy before first suggesting lifestyle changes?
- 2) On a narrower question, should not the term “treatment resistant” vary with the number of treatments that are available? To say "treatment resistance" when there are two FDA-approved medications (e.g., for autism-related irritability) seems quite different from saying "treatment resistance" with depression with 29 [or more?] FDA approvals.

Very important: Mike Knable recommends the following to improve safety of mental health workers:

1. Develop the ability to assess danger level during a prescreening interview prior to the patient’s first appointment
2. Be mindful of evening or weekend appointments or those when additional office personnel are not present
3. Have family members or colleagues accompany patients with a history of violence or poor impulse control
4. Have a security barrier between the waiting room and consulting room, which may include electronic locks or video surveillance
5. Sit behind a desk rather than a “traditional psychotherapeutic environment”
6. Develop an escape route
7. Have an emergency alert system, if feasible
8. Conduct home visits to patients with a history of violence or involuntary treatment in teams
9. Obtain consultation sooner rather than later for patients who become threatening. In isolated settings, conduct consultation with other colleagues, and in institutional settings, report threats immediately
10. Inform law enforcement of direct threats that occur outside of the therapeutic setting

11. Evaluate the need for restraining orders and understand that they can provoke increased threats or violence.

“Homicides seem to have been committed against a wide range of professional roles within the mental health system,” Knable wrote. “The largest single group to have been victimized appeared to be young women case workers who had been sent, usually unaccompanied, to perform tasks within residential treatment settings. This would appear to be a practice that could be remedied quite easily with appropriate safety measures followed in these settings. Although residential facilities were a common site for the homicides we found, it is important to note that no particular clinical setting seemed to be immune from the risk for attack. It may be misguided for practitioners in private offices to feel safe without putting into place specific safeguards.”

Roger