

Everyone,

As we have said before, of the American Psychiatric Association's 74 district branches, the Washington district branch has set the APA agenda far more than the other DBs over the past 43 years. We would like to continue to do so. Some considerations include:

1] Develop ethical standards as to when lifestyle approach should be tried before prescribing medication. Under what circumstances, for example, should the clinician champion sleep hygiene before prescribing a sedative? Under what circumstances should a clinician champion physical exercise before prescribing an anti-depressant?

2] ICD-10-CM's Chapter 18 has signs, symptoms and abnormal lab results, R-Codes, about 50 of which pertain to mental health. DSM-5 has only eight R-codes. Among the missing are some biggies:

R45.850 Homicidal Ideation

R45.851 Suicidal Ideation

We could ask that the other 40 R-Codes that pertain to mental health be added to the DSM -- codes that are already available in the rest of medicine.

A focus on symptoms [R-codes] rather than syndromes [F-codes] provides a more exact communication as to a person's difficulty.

Furthermore, many -- including two past-NIMH Directors -- have proclaimed that psychiatry is “stuck.” Maybe psychiatry is stuck because DSMs focus on syndromes rather than symptoms. The syndromes are often a very inexact communication (e.g., major depressive disorder comes in 254 varieties).

3] Have APA champion with the AMA that the pharmaceutical industry develop the ability to check prescribing history nationwide. Prescription Drug Monitoring Program [PDMP] is seen as a success but is limited to a few states. Would we like to see it nationwide?

4] Give American Psychiatric Association voters more choices as to governance (e.g., five nominations for President-elect rather than two). Proponents of just two have said that more than two would “confuse” the voters. The American Psychological Association has five nominations for President-elect. Maybe psychiatrists are not as smart as psychologists?

Relative to obtaining feedback from group therapy members after a session: a study found that group members revealed important things about themselves that they did not reveal in the session. June’s Psychotherapy has 14 articles on this topic.

NEJM 17 May: “Health care in the United States suffers from a persistent and worsening disconnect between the

capacity of the physician-leadership workforce and the needs of our expanding and increasingly complex health care system. Closing this gap will require leadership skills that are not acquired during traditional medical training.” Not mentioned in the editorial is that WPS [Sorel, et al] have developed such a program, called Leadership, Mentorship Development [CLM], which is now being used by some district branches.

This month, we can guess that some patients' disappointment with election results will come up in therapy. How to code? Suggest: “Z91.49 Loss of a political election.”

Tied to these losses are political concession speeches. The recent death of Dick Tuck, long-time politico in California, reminds one of his very brief, six-word concession, many years ago: “The people have spoken, the bastards.”

Telling clients/patients of Mr. Tuck’s reaction might free some to be more forthright in their reaction?

From the Lakphy Desk:

1] Physical inactivity is more linked to abdominal obesity than caloric intake. Abdominal obesity is linked to heart disease, cancer, and dementia. Abdominal obesity continues to be defined as more than 35 inches in women and 40 inches in men. Not allowed to suck in the gut

during measurement. This was published in last Tuesday's NY Times, page D5.

2] Also in NY Times, Tuesday, "using your legs in weight-bearing exercise is crucial for brain health... Researchers found that moving the large muscles of the legs, through activities such as walking, climbing stairs, and running triggers, the production of stem cells in the brain – helping that critical organ to renew itself."

3] What are the preferences among primary care patients as to treatment for depression? In Germany, a study found that a majority of patients reported strong preferences for exercise, psychotherapy, and talking to friends and family. Not in top three: medications.

Roger