

Folks,

The following items from the NEW RESEARCH part of the APA Annual Meeting are interesting, but keep in mind that there can be clinical and ethical issues as to using them in one's practice. In the past, pharmaceutical company support was mentioned if used, but we not told of such in this year's Annual program book.

1] I would have thought that "new" research would focus on new conditions and new medications. Wrong twice. "Catatonia," defined 142 years ago, was frequently the condition of interest. I think clozapine, first marketed 45 years ago, got far more attention than any other medication.

2] To treat catatonia, choices included antipsychotics, lorazepam, memantine, and ECT. Most reports suggested that ECT was the most potent. Among the antipsychotics, aripiprazole was specifically mentioned.

3] To reduce medical complications of clozapine, metformin suggested as way of keeping glucose, triglycerides and HbA1c at normal levels.

4] Yoga, massage, or acupuncture all produced a statistically significant decrease in symptoms of MDD, but authors still concluded that effect, while significant, was "small."

5] At Stony Brook, a survey of pts found not one of about a hundred felt the quality of their care was compromised by the staff using an EHR. Not clear if results were partially a function of the fact that the hundred represented only about 15% of the pts given the survey -- most didn't return the survey. Not clear if the survey included psychiatric pts. Not stated which EHR was used.

6] For cannabis use disorder, a report suggested nabilone, a synthetic cannabinoid, FDA approved for as an adjunct for neurogenic pain and approved as an antiemetic.

7] Guidelines over the past two decades have suggested prazosin for nightmares associated with PTSD. One study suggested that prazosin was not only helpful with reducing nightmares, but helped reduce PTSD's hyperarousal. Not perfect every time, however: another study reported a pt whose nightmares became much worst after being given prazosin.

8] For fluency disorder [stuttering], aripiprazole suggested.

9] A survey of those psychiatrists who google their patients found that most common reason was "patient care." Second most common was "curiosity."

10] The term for patients who overuse insulin to reduce their weight, "diabulimia." [Reminds me that we were once giving pts heavy doses of insulin to achieve a sub-coma to treat their mood disorder. Some improved. Especially

"addressed," was their anorexia. When they came out of their sub-coma, their eating became ravenously.]

11] Treatment for factitious disorder, supportive psychotherapy using the concept that the presentation is a call for help. If impulsive behavior is prominent, use SSRIs

12] Lise van Susterin is not the only one worried about climate change. A Ekatherine Osman's poster at the Annual proclaimed: "Not only is climate change happening , it is accelerating at an alarming rate." She used the term "pretraumatic" stress disorder. She went on to say: "We must acknowledge the enormity of the problem, research it, accept the inevitability of the change, and find the necessary interventions to help our patients and our planet."

Roger