

Everyone,

New form of therapy: Rosie O'Donnell told the New York Post that making campaign donations to Democratic congressional candidates successfully treated her anxieties about Trump.

In his book "The End of Old Age: Living a Longer, More Purposeful Life," Marc Agronin, M.D., argues that while seniors are slower and more vulnerable to disease or injury, they also:

1] are better able to weigh competing points of view and find ways to understand and accept them

2] are less emotionally reactive

3] are better able to reflect upon their experiences

“1]” + “2]” + “3]” = wisdom

Three APA clinically-focused-position statements below should soon be available at the American Psychiatric Association website:

1] Weapon Use in Hospitals and Patient Safety

2] Enforcing Parity Laws with Insurance Companies

3] Supervision of Psychiatric Mental Health Nurse Practitioners and Physician Assistants in Psychiatry by Psychiatrists

Last Sunday's NY Times:

1] "America's 150-Year Opioid Epidemic." Article describes opioid epidemic of late 1800s, then suggests not much has changed -- to wit, people develop an addiction at a vulnerable point in their lives, find physicians whose prescribing enabled it, and then self-destruct.

2] “Treat Addiction Like Cancer.” Addiction, like cancer, is a complex disease that requires a multipronged approach. It also affects 1.5 times as many people as those with all cancers combined, and it was pivotal in causing some 64,000 overdose deaths in 2016. It makes no sense that what is fast becoming our greatest health care crisis is still dealt with mostly outside the mainstream medical system.

Article goes on to say that medical schools in the United States, on average, devote only 12 hours to substance abuse, and little of that on diagnosing or treating the condition. Many doctors also struggle to get reimbursed for providing this care.

There is a risk, of course, in urging the very medical system that helped create the opioid epidemic to treat it. What we don't want to do is go from OxyContin pill mills to buprenorphine

pill mills. The way to address the problem is for physicians to carefully and judiciously prescribe.

3] An article entitled “Pain Hustlers” makes the claim that pharm companies promote medications by providing pizza for lunch in the physician’s office. If the physician then prescribes more of the medication, next comes the invitation to consult for the company by meeting with other physicians in a local restaurant and reading pharm-prepared slides. If those meetings are successful, then comes the invitation to speak at a conference in the Bahamas. I think it should be added that the core information, the slides, are FDA approved.

JAMA, 15 May, article, “In the era of precision medicine and big data, who is normal?” This article reminds me that I used to warn psychiatric residents that if they thought they could define normal, they were not ready to graduate. I assumed this issue did not apply to other medical specialties, but this JAMA article

says that it even applies to routine lab tests done in all of medicine.

Not uncommon for a patient to say they are lonely even though they have lots of friends. Many a hermit would say they are not lonely. DSM-5 gives no code for feeling lonely. If loneliness is one of the themes of a patient being treated, we would suggest, “R45.89 Feeling Lonely.”

From Lakphy Desk: Aerobic fitness in seniors is associated with *fewer* tip-of-the tongue moments of not being able to pull up the word wanted [Scientific Reports, April 2018].

As to a major new mental disorder, Screen Use Disorder, there is a sub-type called “Selfitis,” the taking of an overabundance of photos of oneself and posting them on social media -- to the point where it is having a significant negative impact educationally, occupationally or

socially. Contrary to some media reports, Selfitis is *not* in DSM-5.

Per request of the Maryland Suburban Psychiatric Society, Harold Eist has sent a letter to the Attorney General of Maryland, Brian E. Frosh, stating the behavior of the “health” insurance companies and their agents is unjust and destructive to the health care of patients.

The Washington Psychiatric Society has been setting the agenda of the American Psychiatric Association more than the other 74 district branches since 1975 through motions [“Action Papers”] to the APA Assembly, which meets twice a year, in May and November. This continued at this month’s Assembly meeting in NYC where the initiatives of the strong WPS team -- Connie Dunlap, Beth Morrison and Eliot Sorel -- constituted more than 10% of the Assembly agenda even though being less than 2% of the Assembly membership.

Now is the time to begin considering Action Papers for next November. Before going to the Assembly, they must be approved by the Washington Psychiatric Society’s Board of Directors. So if you have a wish as to APA

policies or products, let a Member of the WPS Board of Directors know.

Suggestions are not limited to psychiatrists. As an example, a lay person, sitting next to me at a Montgomery County Hearing, suggested the need to get rid of the Multiaxial System. It took a while, but eventually, as you know, we got it removed.

Roger