

Everyone,

We are pleased to note that the American Psychiatric Association's Board of Trustees on Sunday adopted as policy, Eliot Sorel's "Healthcare, including Mental Health, is a Human Right."

In today's NY Times, article on how loneliness impacts health. One reader's reaction was, "My mentor taught me early on, if you want a friend, get a dog. Most other humans will let you down." If wanting to code for social isolation, Z60.4.

A British study says that three-fourths of people 16-24 think the label "snowflake generation" may negatively impact their mental health.

The American Board of Psychiatry and Neurology (ABPN) is piloting a new open-book, journal article-based assessment beginning in 2019 as an alternative to the proctored 10-year Maintenance of Certification (MOC) examination.

U.S. psychiatrists engaged in managing hypertension, hyperlipidemia, diabetes, or obesity in 37% of patient visits, compared with 98.0% for general medical physicians and 78.4% for other physicians. Decades ago, we had a motion passed the American Psychiatric Association Assembly that the APA prepare psychiatrists to treat these conditions to help achieve compliance as well as help strengthen our identity as physicians. This was followed by such topics being part of APA Annual Meetings.

From NEJM Journal Watch, Psychiatry: Suggest that "Late-onset ADHD" can almost always be found to have resulted from use of a substance, leading to the need to be extra cautious about what we prescribe to those presenting as ADHD.

If you have a patient whose health, including mental health, is adversely impacted by frequent travel from home, and you want to record it in their record, some possibilities as to coding you could:

1] If jet lag, G47.25 Circadian Rhythm, Sleep Disorder, Jet Lag Type.

2] If not jet lag, list the diagnosis that fits the mental manifestations such as Major Depressive Disorder, and also list the cause, "Z56.89 Frequent Work Travel."

"Travel", however per se, may not be the issue, but what goes with travel: poor diet, lack of sleep, heavy drinking, more mental stress.

American Journal of Geriatric Psychiatry, this month: A study that concluded that some antidepressant medications [SSRIs, SNRIs, and Trazodone] are associated with an increased risk of falls. Skeptics, however, suggest that other factors associated with depression might be the cause. Associated editorial suggests carefully weighing the risks and benefits of prescribing antidepressants in seniors.

Michael Knable, executive director of the Sylvan C. Herman Foundation and medical director of Clearview Communities, this year [reported](#) on 33 cases of homicides of mental health workers. He found that the homicide rate was about 1 per year, and many of these deaths could have been prevented if adequate attention had been paid to prior risk factors for violent acts such as prior history of violence, criminal charges, involuntary hospitalizations and non-adherence to medications. Taken together, these data suggest that people with poorly or incompletely treated severe mental illnesses pose a real risk of violence.

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