

Folks,

Being a psychiatrist, I am concerned about United Airlines ban on leggings, a ban based, apparently, on the belief that some are uncomfortable sitting next to someone wearing leggings. Last year, a survey found that 47% of travelers are uncomfortable about the prospect of setting next to a psychiatrist.

“Depression is now the leading cause of ill health and disability worldwide,” the World Health Organization announced on March 30.

Differential diagnosis is essential to all of medicine. Will differential diagnosing eventually be done by artificial intelligence? As more and more data becomes available, can a computer predict as well as a clinician can? Some are going so far as to say, “they should stop training radiologists now.” But for the rest of medicine, it is suggested that artificial intelligence will remain an resource for clinicians, not a replacement [The New Yorker, 3 April].

Speaking of data, last month’s Psychiatric Times said that “in 2016, it was possible to capture more than 1 million data points per day from psychiatric research grade apps. There is the hope that mining this data will lead to new approaches in treatment.” Let’s hope the researchers know how soft is that data upon which they are thinking of standing.

Last Tuesday’s NY Times:

1] A study found that square dancing for six months improved the white matter in people in their 60s and 70s, but this did not reflect any improved cognitive functioning. Researchers hypothesized cognitive changes would be seen if the square dancing took place longer than six months [page D4].

2] Consistent with “1]” supra, a column on a theme we have seen frequently over the decades: positive emotions are healthy. The article claimed doing healthy activities, such as learning something new, would have even greater results if done with another person [page D5].

From this month’s JAMA Psychiatry:

1] There is no question that ketamine infusion can dramatically reduce symptoms of depression in treatment-resistant patients in hours, and last a week or more. There remains a lack of clarity as to its long-term use. Anyone using ketamine infusions will probably want to see this article (pages 399-405) and commentary (pages 405-406).

2] An editorial calls for a project to achieve neuroscience literacy. It says that “neural mechanisms are at play in every abnormal mental state or behavior . . . we need to discover how the abnormal brain gives ride to the abnormal mind. Then we can make sense of mental disorder.” Not mentioned in the editorial is that this idea has been around

for quite a while. In 1850, Wilhelm Griesenger proclaimed that mental illness equals brain disease, a concept that led some to dismiss the importance of psychosocial issues. The JAMA editorial does no such demising, but it does suggest that an abnormal mind is the product of a disordered brain, a concept that may limit our ability to make gains.

This month's AJP:

1] Can computer-based cognitive therapy become a front-line option for preventing and treatment of mental disorders? An editorial suggests such a role in preventing dementia, and in treating depression and schizophrenia.

2] Self-guided Internet-based cognitive behavioral therapy is effective in reducing severity of a depression in some patients, but we don't want to imply that such will fully abolish the disorder.

3] Responding to the lack of progress in reducing the suicide rate in this country, a letter saying "psychiatrists probing for patients' beliefs and encouraging them to affirm and deepen spiritual connectivity when it is there could be as helpful for some as antidepressant medication or secular supportive psychotherapy."

Roger