Folks,

The American Psychiatric Association's “Goldwater Rule” (Section 7.3 in its code of ethics) states that it is unethical for psychiatrists to give a professional opinion about public figures they have not examined in person and obtained consent from to discuss their mental health in public statements. Some psychiatrists now would like to see that part of the ethical code changed, but we have yet to specific proposals for a new standard. It stands until changed.

In today’s New York Times, a review of the purpose of sleep. A method to save energy? An opportunity to clear away the brain’s cellular waste? A way to force animals to lie still, letting them hide from predators? None of the above, the article suggests. Instead, it is proposed that we sleep to forget some of the things we learn each day, the “synaptic homeostasis hypothesis.” The synapses of neurons of sleeping mice, for example, are 18% smaller than the synapses of awake mice. Researching this issue is important because we need to know if sleeping medications work against this pruning.

Some of us have wondered on what basis DSM should base its classification beyond entities tied to etiology. Only a minority, of course, are based on etiology. Further, over the past four decades we have seen little promise that the number based on etiology will grow quickly despite the vast growth in understanding of the brain. For example, DSM-5’s sole etiological addition was Lewy Bodies. One thought is to tie non-etiological entities to treatment response. For example, what would be the characteristics of SSRI responders?  [We have selected "SSRI Responders" because it is one of the more challenging. "Potential ECT Responders" would be easier. Of course, "Potential Supportive Psychotherapy" would be much harder.] What if the question was what symptoms, not

what syndrome? First thought that a diagnosis of "Potential SSRI Responders" would include (listed alphabetically):

1] Binge eating

2] Compulsions

3] Diminished ability to concentrate

4] Excessive anxiety

5] Excessive irritability

6] Excessive worry

7] Fatigue

8] Feeling worthless

9] Hypersomnia

10] Insomnia

11] Lack of interest in most activities

12] Obsessions

13] Pessimistic

14] Premature ejaculation

15] Sadness

16] Stroke recovery

17] Suicidal ideation

We would be interested in how one would change this list specifically, and also in thoughts on moving from syndrome classification to a symptom classification more generally.

Roger