

Folks,

A sad shock to report: Dr. Ulder Tillman, County Public Health Officer, died of a cerebral hemorrhage today. Uma Ahluwalia message about this loss included: “Dr. Tillman began her tenure here in Montgomery County in November 2003 and was a true public health champion. During her 13 years here at DHHS, she spearheaded the expansion of the Montgomery Cares network of non-profit health clinics serving the needs of the uninsured, led efforts to respond to the Ebola virus and most recently Zika virus. Her entire career has been in the public health arena. She is often remembered fondly for her live demonstration of prevention efforts against Lyme disease and the Zika virus.”

If the County wanted to influence people to lead healthier lives, what are the choices? In the December 29th NEJM, five choices are listed:

1] Interactions of a County clinician and a patient influencing healthy behavior, including monitoring devices reviewed by the clinician. This is the only approach, of the five, that retains the clinician-patient confidentiality.

2] Health behavior that is witnessed through the person participation in a health-related activity. For example, the person responds to an information request to see how she or he compares to others, e.g., number of hours of sleep each night.

3] External support is explicitly established. One or more people are peer monitors, e.g., friend calls weekly to remind the person she needs to take her anti-psychotics each evening.

4] Leveraging reciprocal support. Two people monitor each other's activity, such as two people talking on the phone each week as to their gym workouts.

5] Reciprocal support that is part of a team competing with other teams. Reputational or economic incentives are in place for team competition that influences behavior, such as daily walking. How long does it take for physicians to encourage patients to be part of such teams? While not focused on teams per se, a study found that it only took 30 seconds of a physician time to successfully encourage patients to attend a weight-loss program [JAMA 27 Dec 2016].

In this month's JAACAP, an article championing the use of internet-delivered cognitive-behavioral therapy for adolescents with obsessive-compulsive disorder. Associated with the program is a guide for the adolescent's parents. An accompanying editorial says, there are also internet delivered telehealth for depression and anxiety. At some point, I would guess, studies will clarify what is gained and what is lost in this approach as to reaching the placebo effect.

Also in this month's JAACAP, a report that antipsychotic medication use for those in 1] Medicaid and 2] less than 17 years old decreased by almost 40% between 2008 through 2013. Apparently the negative publicity in recent years on antipsychotic prescribing has had an impact.

Use of electronic cigarettes now exceeds use of all tobacco products in those <19 years old. Studies are now focused what deleterious effects electronic cigarettes may have [NEJM 29 Dec 2016].

Addressing a major mental health need [JAMA 27 Dec 2016]], Steve Sharfstein and two psychiatrists from New Zealand submit that the increase in US suicidal rates in recent years is associated with a decline in psychiatric beds. They point to high access to firearms, the low rate of lithium prescribing, and low-rate of clozapine prescribing as contributing to the increase rate, but content that more beds need to be part of the solution. Not clear to me why facilitating out-patient commitment is not part of any strategy before increasing the number of beds.

In Sunday's NY Times, page SR 4, it is said that "our national sugar habit is the driving force behind the diabetes and obesity epidemic and may be a contributing factor to cancer and Alzheimer's." If wanting to emphasize to a patient that this is an issue of medical concern, suggest ICD-10-CM: "R63.8 Sugar consumption."

In Saturday's Wall Street Journal a positive review of a program in Wisconsin that steers low-level lawbreakers with drug addictions into treatment and other services, bypassing incarceration and using the threat of prosecution as leverage. Operating entirely outside of a courtroom, prosecutors in participating Wisconsin counties can allow people arrested for drug crimes to move on with no charges if they adhere to a contract. In a sidebar, the paper points out that Maryland's Montgomery County has the similar approach.

If you are a Member of the American Psychiatric Association, you can vote this month on APA officers at the website, psychiatry.org.

We want to wish all a very fulfilling 2017.

Roger