

Folks,

In today's NY Times, page D-4, a suggestion that people who have made a suicide attempt should be open about the behavior in the same way people with alcoholism are open about their problem.

In June's JAMA Psychiatry:

1] Lithium reduces both occurrences of self-harm and reduces impulsive aggressive acts.

2] Physical exercise enhances neuroplasticity.

3] The more severe the depression, the more impressive the results of mindfulness-based cognitive therapy.

JAMA 10 May 2016:

1] It is estimated that "up to 20%" [not as precise as we would like to see] of physicians in practice are addicted to alcohol or other substances. 75-90% are successfully treated with physician health programs.

2] Relative to ADHD treatment in adolescents, evidence supports: a] Extended-Release methylphenidate, b] Extended-Release amphetamine; c] atomoxetine, and d] Extended-Release guanfacine. Psychosocial approaches produce inconsistent results.

3] You might want to tell your heavier, guilt-ridden, patients that a Danish study finds that the BMI associated with the lowest mortality rate was 27 from 2003-2013, up from 24, in 1976-1978.

Also, 10 May 2016, NY Times, page D-4, in addition to an article on "Exercise May Trump Diet," has an article on worrying, its plusses and minusses. Not mentioned in the article is how to code. If treating someone whose only symptom is distressing or disabling worrying, we suggest "R45.82 Worrying." That seem preferable to selecting a syndrome, such as MDD, that would be claiming patient has more symptoms than just worrying.

In this month's Clin Psychiatric News, a reflection on the tripling of suicides in teenaged girls over the last 15 years. One hypotheses: Vast increase in social media has increased girls being the target of bullying and target of sexual harassment.

Some more items from this year's American Psychiatric Annual Meeting:

1] In treating obsessive-compulsive disorder, it was stated that clinicians should NOT provide reassurance to a reassurance-seeking patient. Instead provide information. This stance conceptualizes reassurance-seeking as a compulsion.

2] Twelve-week Internet CBT group therapy did as well as or better, usually better, than face-to-face CBT group therapy to enhancing social skills with children, adolescents, and adults.

3] Medication compliance rates in outpatient settings varies from 20--70%. To address this, speaker suggested making use of shared decision making as to the prescribing and using CBT to address thoughts that may be leading patient to avoid taking the medications.

4] Physicians are twice as likely to suicide as non-physicians. Female physicians are three times more likely to suicide than male physicians. Better recognition of depression was suggested as a deterrence to suiciding, but no claim were made as to what has actually worked to decrease this rate of suicides in female physicians.

5] DSM-5, it is argued, broadened the definition of addiction by moving Gambling Disorder to the DSM section on addiction. Thus, we may see those studying repeated untoward behaviors as claiming they are treating an addiction. An example at this Annual meeting: Some, who have developed an instrument for measuring pornography use, suggest that DSM-6 have "Problematic Pornography Disorder."

More from the Annual meeting in the next Sentinel.

Roger