

Folks,

Tuesday's NY Times, page D6, addressed the question of drinking while on an anti-depressant. While declaring "no" when the person is on a monoamine oxidase or bupropion [Wellbutrin], the answer was far less clear with SSRIs, and the article suggested trying low doses of alcohol, e.g., one or two drinks a week -- and see what happens. But this recommendation is surpassed by the recommendation that the person check with the SSRI prescriber.

In today's Washington Post, a review of Dinah Miller and Annette Hanson's book, *Committed*, which we reviewed in a past Sentinel, but deserves repeating. While involuntary hospitalization has been around forever, Fuller Torrey has written that outpatient commitment began at St Es's Anacostia CMHC in 1972, when we applied the same standards for outpatient commitment as inpatient.

We also took an issue to the American Psychiatric Association: Inpatient or outpatient commitment to what? For that question, in 1980, we moved the motion that people who require commitment should only be committed to JCAHO-accredited programs, that people should not be involuntarily treated in an unaccredited program. [We saw no problems if someone wanted to be treated in a program, which was not accredited.] The motion was quickly approved by the APA's governance – and soon forgotten. Instead, we have seen courts try to set standards themselves. *Committed*, an easy read, has positive reflections on the County's Crisis Intervention program and the County Police department.

For PTSD, a study involving veterans, found quetiapine got positive results, beginning at 25 mg/d and gradually increasing

until getting the hope-for results. Average max was 258 mg/d, but at least one patient's dose went to 800 mg/d [this month's AJP].

AMA wants state medical boards to refrain from asking applicants for licensure about a history of mental illness and substance abuse treatment and to focus only on whether there are current impairments. It is hoped that limiting this concern to the present condition will remove one of the barriers to seeking mental health treatment.

Burnout [ICD-10-CM code Z73.0] rates among physicians finds 19 medical specialties have a higher rate of burnout than psychiatry [highest is emergency medicine] and four have lower rate [lowest radiation oncology] [this month's Maryland Medicine].

From the lakphy desk:

1] While we see many calls for people to do physical exercise to improve mental health, specificity as to what aspect of mental health will improve is rarely explicated. A small study of college-aged male runners found that the runners, compared to non-runners, seem to develop skills in multitasking and in concentrating [Tuesday's NY Times, p D6].

2] Today from American Association of Oncology: "Although the data vary by different cancer types, there is a consistent trend suggesting that moderate daily exercise has a beneficial effect on preventing certain cancers. Given this, there is little reason for a healthy adult to not incorporate regular exercise into their daily routine." As for "types," apparently strongest evidence is for exercise to be associated with reducing breast or colon cancer. Only cancer with an increase was melanoma.

3] Treatment, regarded as successful, in India, for depression or alcoholism provided by counselors, who are neighbors of clients and have only had several weeks of training, consist of four to eight discussion sessions about 1] their daily lives, and 2] what they liked to do before sadness or alcohol abuse began. Besides the discussions, the counselors prescribe activities such as walking or playing soccer [on NPR this week].

We want to wish all a fulfilling holiday season.

Roger