Everyone,

Is watching porn leading some to think that is what sex is about, a topic of the NY Times Magazine for the past couple of weeks. Important, is that teens and others fully realize they are watching acting, not the real thing.

Some patients may need to be told sex can be enjoyed without groaning and so forth. Some women may need to know not getting an organisms a dozen times a day is not pathological. Some men may need to know that not keeping an erection that lasts forever is not pathological.

Relative to opioid addiction, eighty percent of the people who are currently addicted started with prescriptions, not started with injecting heroin. So, many suggest that better pain management has become one of medicine’s major present needs.

In this month's American Journal of Psychiatry, a study says carbenoids has beneficial effects in patients with schizophrenia. This may represent a new class of treatment for schizophrenia.

Using gabapentin, as an example, a JAMA editorial, 27 Feb 2018, notes that "twenty-five years after the initial FDA approval of gabapentin, there is still limited evidence to support its widespread use for the majority of indications for which it is prescribed." This basic problem remains unaddressed because of the huge costs to clarifying whether an indication is "scientific," that is, has been demonstrated in control studies.

This issue with gabapentin reminds us that lithium's effectiveness for mania seemed apparent for decades before it got FDA approval. Finally, a pharmaceutical firm, wealthy from success with several other psychopharm agents, used its resources to

do the controlled studies needed to get FDA approval of lithium for mania. Hopefully, a solution to this kind of problem will be forthcoming soon.

In answering a concern that some patients with opioid dependence may not want to discontinue their buprenorphine medication, it is suggested in a letter in yesterday's NEJM that we should not be any more concerned about that than we are about a diabetic not wanting to go off insulin – or for people with schizophrenia or bipolar disorder remaining on their meds for life.

In this month's Psychiatric Services, a report suggests that psychiatrists may be diagnosing a substance use disorder in less than half of their patients who clearly have a substance use disorder.

From the Lakphy desk, Tuesday's NYTimes, Page D4, Physical "exercise may counter the effects of stress by bolstering

brain-cell communications.” Statement based on studies in mice.

Research finds lurasidone, 60-80mg/d, effective for bipolar depression in patients, 55-75 years [Amer J Geriatric Psychiatry].

As to retiring at age 65, a study that found that those who continued working after 65 had fewer sick leave days per year than they had had in the years prior to 65. Of course, complicating these kinds of studies is that sick leave is not necessarily associated with being sick.

Related to successful aging, Dilip Jeste, whom many of you knew when he was at St Es, writes about the need for successful aging in Amer J Geriatric Psychiatry, 26:209-211. He notes that in 2010, 24% of physicians were older than 60, in 2014, up to 31%. I would guess this same trend is true in other clinical professions.

What to emphasize? Jeste quotes a Dr. Shigeaki Hinohara who emphasized clinicians living positively and “using their wisdom and experience and advocated for delaying retirement as long as possible.” Hinohara stopped seeing patients a few months before dying at age 105.

As stated in prior Sentinels, some think psychiatry is stuck, including two past-NIMH Directors. While not indorsed by either of them, if we moved toward a focus on symptoms rather than syndromes, would that help? Syndromes with their many possibilities presentations, e.g., borderline has 256, may be a poor foundation upon which to build a science.

Note the list infra has many very common symptoms, but none are listed in DSM-5. Warning: third party payers might balk at recognizing some of these.

Symptoms and signs involving emotional state

- R45.0 Nervousness
- R45.1 Restlessness and agitation
- R45.2 Unhappiness
- R45.3 Demoralization and apathy
- R45.4 Irritability and anger
- R45.5 Hostility
- R45.6 Violent behavior
- R45.7 State of emotional shock and stress, unspecified
- R45.8 Other symptoms and signs involving emotional state
  - R45.81 Low self-esteem
  - R45.82 Worries
  - R45.83 Excessive crying of child, adolescent or adult
  - R45.84 Anhedonia

Homicidal and suicidal ideations

- R45.850 Homicidal ideations
- R45.851 Suicidal ideations
- R45.86 Emotional lability

§ R45.87 Impulsiveness

Relative to Actions we might ask the Washington Psychiatric Society to advocate, Bill Lawson sent the following:

1] The APA should advocate diverting the mentally ill from correction OR making sure that corrections provide a full range of services. Project Uplift was supposed to that, but Bill says that he has seen little activity recently.

2] Focus on early adverse events as a way to prevent serious mental problems rather than institutionalization to deal with violence. APA President-elect, Dr. Stewart, is high on this need.

3] Develop clinical trials that enroll patients from the real world (multiethnic drug users with arrest histories and medical comorbidities. and procedures that are user

friendly for the practicing clinician like trials are done in cancer studies).

4] Put a warning on medical marijuana about the risk of psychopathology in states that it is virtually legal like Maryland and DC.

5] Promote medication assisted therapy for smokers for those who need it.

Roger
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