Everyone,

Want to thank Khurram Durrani, who brought to my attention that Sentinel 189 listing of meds for insomnia was incomplete. Should have also listed:

1. Belosermo
2. Doxepin.
3. Butabarbital.
4, Secobarbital.
5. Tasimelton.
6. Zolpimist

A hang up here on mentioning barbiturates, I guess, although a Sentinel years ago did speak positively about secobarbital as to dying with dignity.

At George Washington University Grand Rounds yesterday, presentations by Kelly King, GW second year resident, and Tom Wise, a long-time major psychiatric leader in Northern Virginia, led Richard Palmer to send me a conclusion: "gene testing re meds not proven, not cost effective, but appallingly vulnerable to advertising."

Yesterday's New York Times reported that Trump has called for the opening of more mental hospitals as part of his response to the mass shooting at Marjory Stoneman Douglas High School, but experts say, claimed the Times, ramping up institutional care likely would not have prevented most of the spree killings regularly making headlines in this country. Would it have prevented

any? On the other side of the coin, no way of knowing how many have been prevented by institutional care.

JAMA, 20 Feb 2018:

1] Editorial advocating medical schools' admissions committees focus on candidate's emotional intelligence [EQ] rather than their IQ. Good scores in calculus, it argues, is an inadequate metric to identify future excellent caring physicians, especially primary care docs and psychiatrists. EQ = ability to manage emotions and interact effectively with others. Three capacities should be a focus of training to be a physician and facilitate EQ:
a] Effectively lead teams
b] Engender behavior changes in patients and colleagues
c] Coordinate care.

2] Another article a few pages further in this JAMA, "A Teaching Case," says that 90% of residents claim that their training in managing the dying patient is inadequate.

3] As to preventing delirium in intensive care units, haloperidol, 2 mg TID, for 28 days did NOT reduce incidents of delirium.

4] Over the years, clinicians have said that too much money in clinics and hospitals is being spent on administration. Will using electronic medical records abolish this concern? Now we have some data. Article in JAMA concludes that even with electronic health records, there is a $20 administrative cost for each billing in academic

primary care setting, probably close to cost of a psychiatric billing. For surgical hospital billing, $215 per bill. A conclusion: "significant investments in certain health information technology have not reduced high billing costs in the United States."

Working with the Washington Psychiatric Society, we have helped WPS set the American Psychiatric Association agenda far more than any of its other 73 District Branches since 1975. What should we propose for APA's 2018's agenda? Some thoughts:

1] Handheld Device Disorder should be added to the DSM

2] Consistent with being integrated with the rest of medicine, remove DSM-5's walls:

A] The DSM should have all of ICD-10-CM mental illness diagnoses, all F codes, not just some.

B] The DSM should have all of ICD-10-CM's R40-R46, signs and symptoms that pertain to mental health, not just a few.

C] The DSM should have all of the psychosocial etiologies of ICD-10-CM's Z55.0 – Z56.8, Z59.0 – Z 65.9, and Z69.01 – Z73.9. Missing from DSM-5, for example, is one of the major etiological conditions in psychiatry, Z72.3 Lack of Physical Exercise.

3] “Rule of 95” means that when an American Psychiatric Association Member’s age and number of years as a Member added together exceed 95, they no longer pay APA dues. [They continue to be expected to pay District Branch dues.] As more and more Members age, a growing percentage get all the benefits and pay no dues. Should WPS recommend a change?

4] Should APA publications avoid “provider,” instead use a term like “practitioner.”

Please send me some other suggestions as to what you would like to see the APA advocate. One restriction. Being a Member of the Board of Trustees means I am not to oppose actions the APA has already taken.

Roger A