

Folks,

Last night, WPS sponsored a very informative and disturbing presentation on human trafficking.

One of the handouts includes a chart of preferred terms for sex trafficking and prostitution. It claims that using a terms “profession” [e.g., “oldest profession”] for desperate attempts at survival through prostitution is like calling desperate attempts to find food through eating out of garbage dumpsters a “gourmet meal.”

For those who would like hard copies of the handouts, let me know your fax number.

In yesterday’s NY Times:

1] Kundalini yoga one hour/week and Kirtan Kriya meditation 15 min/day improved mood, visiospatial memory, and brain scans showed found more communications between parts of their brains involved in memory, language skills, and that control attention over a 12-week period in middle age or older people.

2] Add to the long list of conditions of which exercise should be prescribed: sleep apnea.

3] Intermittent fasting is a practice that has been used for centuries and has been shown to improve mood and cognition in individuals with depressive symptoms. Its use under medical supervision for selected patients is potentially therapeutic in depression and other chronic medical conditions. We are not told the exact definition of “intermittent.”

In yesterday’s Post: For those who want a reference to counter the thinking that SSRIs impact is limited to their placebo effect, Peter Kramer [LISTENING TO PROZAC] has a new book, “ORDINARY WELL,” the case for antidepressants. A summary statement, “Doctors don’t see averages; they see patients. In patients, the drugs work.”

In yesterday’s JAMA, an article found prevalence of >29 BMI [“obese”] in US among adult women, 40%, adult men, 35%, and those <20 years old, 17%. One of the four articles says that calorie is not a calorie, that calories obtained by eating fruits, vegetables, legumes, and nuts are less fattening than consuming the same calories from carbohydrates.

None of the four JAMA articles devoted to obesity point to the importance of exercise even though studies have suggested that lakphy [lack of physical exercise, ICD-10-CM code Z72.3] is more lethal than obesity.

Also in this JAMA, suggested for treatments of physical fatigue in Parkinson Disease: doxepin, modafinil, and rasagline. Not helpful: levodopa-carbidopa, memantine, caffeine, methylphenidate, or exercise.

More items from the APA Annual Meeting in May infra. Keep in mind that the summary statements we have do NOT state who supported the study, such as a pharm firm supporting a study of one of their medications {one exception infra, "4]"} }

1] Deutetrabenazine significantly reduces abnormal involuntary movements and is generally well tolerated in patients with tardive dyskinesia with a favorable safety profile and a low withdrawal rate.

2] Scrutinize the relationship between bipolar affective disorder and chronic pain. Specifically, does treatment with mood stabilizer therapy improve chronic pain?

3] A two-year study concluded that memantine [16 mg/d] and galantamine [30 mg/d], in comparison to placebo, in Alzheimer's disease, improved cognition and behavioral symptoms.

4] For MDD, a randomized, placebo-controlled, six-week trial, treatment with lurasidone significantly improved depressive symptoms in patients with MDD with mixed features who presented with irritability. Symptoms of irritability also showed significant improvement. [This research was sponsored by lurasidone manufacturers]

5] Brexpiprazole, FDA approved as adjunct for MDD was reported to improve social functioning in people with schizophrenia.

More from APA Annual Meeting in future Sentinels.

Roger