Everyone,

Relative to March Madness [not yet in ICD-10-CM or DSM-5], I gather the chances of turning in a perfect sheet, if knowledge has no role, is one in 67,312,684,536 submissions. The fact that we will probably hear of a few perfect submissions is because, I think you will agree, knowledge makes a difference.

Lots of focus on burnout these days. Not in DSM-5, but available to all using ICD-10-CM: Burnout Z73.0. That is the etiology. You will probably want to add the manifestation, e.g. R53.83 Fatigue.

Sentinel #192 noted the NY Times interest in whether to revive asylums. Jeff Geller writes: "While hospitals are expensive, community treatment is too. The oft-stated annual cost comparison, repeated in the article — $150,000 in a hospital and $30,000 in the community — has never been true. When you add up the total cost of care and treatment for a person with serious mental illness in the community — housing; food; outpatient psychiatric and medical treatment; dental care; transportation; acute psychiatric hospitalizations; police, sheriff, fire department, ambulance and court costs; leisure activities; and others — the cost has been shown to be about the same."

NEMJ, 8 March: A debate:

1] Physician-Assisted Death for Psychiatric Patients – Misguided Public Policy, concludes: "We believe a policy that embraces physician-assisted death for patients with mental illness who are not yet terminally ill is not compatible with physicians' professional commitment to preserve life and promote health, including mental health – nor is it compatible with our societal responsibility to prevent suicide and protect and care for people with mental illness."

2] Physician-Assisted Suicide and Psychiatric Illness says, physician-assisted suicide can be ethical "only if enough guarantees are in place

that it truly is a last resort." Author goes on to list all that is needed to conclude it is a last resort.

My position, not necessarily the County's, is that our only role as clinicians is to clarify that the person's wish to suicide is NOT a product of a mental illness. Some years ago, not on County time, I was asked to see a gentleman, a highly successful business man, who was a Member of the then titled Hemlock Society, a senior who believed he should suicide because it was the right thing to do after one had accomplished all one wanted to accomplish.

In this Spring's Popular Science a summary of efforts to postpone dementia suggests:

1] Learning something, anything, helps preserve general mental acumen as you get older.

2] Physical exercise

3] Eat a "well-balanced" diet. Specifically mentioned: salmon, nuts, spinach, lutein, kale, avocado, eggs.

4] Sleep 7 to 8 hours.

5] Avoid always using digital shortcuts. For example, mentally healthy to make use of maps to get around sometimes rather than use smart phones all the time.

6] Practice mindfulness.

From the lakphy desk, two items

1] Yesterday's Post, giving patients a written/printed prescription as to lifestyle recommendations is called "social prescribing." Example, "physical exercise for 20 minutes each day." Article said social prescribing has yet to be shown to be effective. Maybe this

is another case of needing a differential to clarify when to so prescribe.

2] Yesterday's NY Times, page D5, "An increase in walking and cycling instead of a reliance on fuel-powered vehicles . . . would help to counter diabetes, heart disease, stroke and other chronic ailments linked to a sedentary life-style."

Also in the NY Times yesterday, page A15, "New Study Tilts the Debate Over Antidepressants," says that statistically, antidepressants do better than placebo, but that the clinical benefits will continue to be debated. The size of the clinical benefits is small for many. "It is important to find ways that can identify the specific patients who can get the maximum benefit." Not there yet.

Casting another shadow over prescribing opioids: March 8 JAMA study of comparing opioid vs non-opioid medications for chronic back pain or hip and knee osteoarthritic pain, ***concluded that non-opioid meds were just as effective***. Non-opioid meds included:

acetaminophen,
amitriptyline
capsaicin [topical]
duloxetine
gabapentin
lidocaine [topical]
nonsteroidal anti-inflammatory medications,
nortriptyline
pregabalin
tramadol.

Roger A