

Everyone,

Lot of interest in burnout these days as an etiology. Not In DSM-5, so we'll provide:

Z73.0 Burnout.

See more on this topic infra.

Recently some media attention to REM Sleep Disorder. While benign it is very scary for the uninformed. Also, not noted in DSM-5, so we'll provide:

G47.52, REM Sleep Disorder {if has only happened once, so far}

G47.53 REM sleep Disorder, recurrent.

As to food binges in the middle of the night, last Tuesday's NY Times article suggests the person eat three meals during the day, being sure to include breakfast, then when the urge to binge strikes in the middle of the night, regard the kitchen as closed, brush the teeth, and, if still hungry, drink water.

Dr. Susan Rich's effort to gain recognition and prevention of Fetal Alcohol Syndrome has gained a lot of interest in the past few days with articles in JAMA and NY Times pointing out that alcohol syndrome and other alcohol-related disorders among American children are at least as common as autism. The articles go on to say that the disorders can cause cognitive, behavioral and physical problems that hurt children's development and learning ability.

This month's AJP:

1] Recent studies have suggested that ADHD might have an onset after the age of 12 [DSM-5's cut off age], but that number is quite small if the diagnostician requires symptoms across multiple contexts, and symptoms could not have been result of another condition [especially substance abuse]. This is a key issue given how many people are seeking stimulant medications.

2] For apathy in older veterans with mild Alzheimer's, methylphenidate 5 – 10 mg, last dose before 3 PM, decreases the apathy and improved

cognition, function, CGI scores, and mood, and decreases caregiver burden.

NEJM, 25 Jan 2018:

1] Editorial on burnout says burnout rates in medicine are twice as high in physicians and nurses, compared to other fields. Physicians with burnout report having made a major medical error in the last three months. Solutions focus on the electronic medical record burdens, and one of the recommendations echo what some of you have been saying: the solution is medical record assistants. This idea is being tried at University of Colorado when assistants do much of the medical record management. Within 6 months of initiating medical record assistants at Colorado, burnout rates dropped from 53% to 13%.

2] A focus on preventing a build-up of amyloid in the brain to head off Alzheimer's has not led to any satisfactory results. An editorial suggests researchers turn to other approaches.

Goldwater Rule [1 Feb 2018, NEJM]: A Claire Pouncey, MD, PH.D, well considered authority on medical ethics, questions the value of the Rule at this time, but does not explicate what psychiatrists as psychiatrists have to offer as opposed to others, doesn't answer Sally Satel's, "The public doesn't need experts to interpret Trump's actions and words."

In response to Dr. Pouncey editorial, Jeff Lieberman wrote:

"Although moral and civic imperatives justify citizens' speaking out against injustices of government and its leaders, that does not mean that psychiatrists can use their medical credentials to brand elected officials with neuropsychiatric diagnoses without sufficient evidence and appropriate circumstances. To do so undermines the profession's integrity and credibility.

"Psychiatry has made too many past missteps to engage in political partisanship disguised as patriotism — witness its collusion in Nazi eugenics policies, Soviet political repression, and involuntary confinement in mental hospitals of dissidents and religious groups in the People's Republic of China. More than any other medical specialty,

psychiatry is vulnerable to being exploited for partisan political purposes and for bypassing due process for establishing guilt, fault, and fact.”
Roger A.