

Everyone,

As we all know, soon, a new County Executive takes office. His staff has been provided with “The Strategic Alignment: A Collective Vision for Behavioral Health in Montgomery County, Maryland,” a document some of you helped develop. It can be reached at <https://bit.ly/2GUMXK8>.

Still champs: An editorial in Friday’s NY Times, “Get with the Mediterranean Diet,” says that diet, proposed in 1953, remains the best. “Weight-loss fads and eating trends come and go, but the so-called Mediterranean diet has stood fast.”

Karl Rove, 14 June, Wall Street J, “My Mom’s Suicide Was Preventable,” addressing the suicides of Kate Spade and Anthony Bourdain, among other points he makes, “the stigma surrounding mental illness keeps many with depression from seeking treatment.” We might add that, when seeking treatment, it is not always immediately available.

Six days after Rove’s editorial, NY Times, 20 June, “What to do When a Loved One Is Severely Depressed,” makes the following suggestions:

1] Don’t underestimate the power of showing up where they live.

2] Don’t try to cheer them up or offer advice.

3] It's OK to ask if they are having suicidal thoughts. If the answer is yes, it's crucial that they be asked when and how. It is much easier to help prevent a suicide if the specifics are known.

4] Take any mention of death seriously. Options include:

A] If this person is seeing a physician or therapist, get her or him on the phone.

B] If "A]" is not an option, have the person call a suicide prevention line, such as 1-800-273-TALK or

C] Take the person to a hospital ED [Emergency Department].

D] In some cases, calling 911 may be the best option.

E] Make getting to that first appointment as easy as possible.

While choice of ED is often quite limited, the publication *Healthafter 50* makes some recommendations for seniors when there are choices:

1] Choose a facility with certain safety features, e.g., handrails, nonslip flooring, and lighting to reduce glare.

2] Choose a facility with emergency physicians and nurses specially trained to care for seniors.

3] Choose a facility with a triage program designed to speed senior care. Studies show that the longer seniors languish in an ED, the higher the risk of delirium. If other patients have more urgent needs, is a quieter room made available?

4] Choose a facility that has a system in place to review the medications.

5] Choose a facility with a program to help connect seniors to community services.

In this month's Psychosomatics, disruptive sleep affects up to 97% of women during pregnancy.

Also 97%, from US Department of Agriculture, the claim that 97% of folks are inadequately washing their hands. Maybe we want to spread the word in the County that to remove or incapacitate bacteria, one should wash with soap and water for at least 20 seconds.

NY Times, 18 June, World Health Organization considers recognizing "gaming disorder," for ICD-11. The date for ICD-11-CM is about 2024, and we will see a new DSM, probably "DSM-5.1" at that time, maybe even later. For those wanting to code their patients being treated for gaming disorder now, would suggest, "F63.0 Gaming Disorder" if that is the primary condition, and "Z72.6 Gaming" if that is the cause of a mental disorder, usually coded beginning with an "F."

This month's J AAC&AP: Two of the most common conditions in children and adolescence are ADHD and anxiety disorder. Can treating with cognitive-behavioral therapy reach both? An editorial says that children with primary anxiety disorder who were comorbid for ADHD exhibited significant improvements in anxiety severity ratings and moderate improvements in ADHD. Most children with ADHD were on medications during the study.

On psychiatry's major new condition, Screen Use Disorder:

1] A review of the book, *The Art of Screen Time*, in J AAC&AP makes the following points:

A] Studies suggest a negative relationship between screen time and aggression, obesity, insomnia, inattentiveness, school performance, and poor cognition.

B] Years ago, first exposure to screens was 4 years old, now 4 months old. Book recommends that very young children should have screen time that is co-viewed and time-limited.

C] The American Academy of Pediatrics suggests: Avoid screen use with those less than "18 to 24 months." [Not clear to me why not just say "24 months."]

D] After the age of 2 to 3 years, educational media, e.g., *Sesame Street*, benefits are well documented, more so when parents mediate content and duration of screen time.

E] Parents use is addressed, and author questions parents use of screens at play grounds, during meal-time, or within an hour of the child's bed-time.

From the Lakphy Desk:

1] NY Times, 26 June: Exercise appears to improve the life expectancy of adults who survived cancer as children, even if the activity begins years after the cancer treatment ends.

2] To reduce soreness after exercise, this month's Mayo Clinic Health Letter recommendations include:

A] Start easy, e.g., five-minute walk.

B] Wanting to increase the activity, increase increments slowly. Follow the 10% rule, e.g., been walking briskly 20 minutes/d, walk 22 minutes/d the following week.

Roger