Everyone,

If we think our patients will be less stressed, get more exercise, and be more aware of their surroundings if they take breaks from work and get outside, especially if a nearby park is available, the new book, WHEN, details the justifications for doing such.

In Tuesday's JAMA:

1] The recent stock market drops raise the question of the impact of negative wealth shock on some people. While not focused on the stock market, JAMA article reports a study among US adults 51-61 years old, who had a loss of wealth over a two-year period. That loss was associated with an increased risk of all-cause mortality. If your treatment focuses on helping the patient adjust to this loss, suggest, "Z59.9 negative wealth shock." Another code would clarify the manifestation, for example might be "R54.3 Unhappiness" or might be "R45.851 suicidal ideation" -- or whatever.

2] Editorial on "can small physician practices survive" says that the percentage of physicians in solo practice changed from 44%, 1983, to 19% in 2014. Solution, the editorial suggests, is sharing services. I don't think any would quarrel with greater sharing, but the "19%" does not apply to psychiatry where the solo practitioners are at about 50% of practicing psychiatrists.

NY Times Magazine, 25 March 2018, "Must I Tell My Boss I'm Absent Because of Mental Illness?," makes several points:

1] The decision one makes depends on how supportive one thinks one's boss will be, what is the workplace culture, and how much the employee's contributions are valued.

2] In general, it is permissible to mislead people who will do someone serious and unwarranted wrong if they are told the truth.

3] Americans With Disabilities Act requires employers with more than 14 employees to make "reasonable accommodations" for conditions that are legally considered disabilities.

Current issue of The National Psychologist: "Teletherapy is the future norm." By "future" the article means within ten years.

In Tuesday's Post, in case you missed it and have a patient on Seroquel[quetiapine], the FDA.s Adverse Event Reporting System over the past four years lists 20,000 adverse events with quetiapine, including 2,309 deaths.

From March's NEJM Psychiatry Watch:

1] Prazosin is ***in***effective for chronic PTSD in military veterans.

2] Prolonged exposure and cognitive processing therapy are effective first-line treatments for PTSD, but they are labor intensive. A brief written version of exposure therapy was found to be just as effective in a VA study of veterans with PTSD.

3] Which cognitive behavioral therapy components most significantly alter its efficacy and acceptability? A study suggests cognitive restructuring and interoceptive exposure in a face-to-face setting are effective. “Breathing retraining, muscle relaxation, and virtual reality may have a minimal or even negative impact.”

From Lakphy Desk: NY Times yesterday, page D4:

1] An hour a day of exercise cuts mortality rate in half.

2] Quality of the exercise was not relevant. What is important, the article claims, is that people avoid sitting and move often.

Two items from this month’s Amer J of Geriatric Psychiatry:

1] ECT gets good results in the management of agitation and aggression in people with dementia

2] Those of us aging like to think we are getting wiser, captured in the following poem.

***Step by step***

***One by one***

***A longing for the future***

***One by one***

***Hearing mother's voice***

***Hearing wife's voice***

***Step by step***

***One by one***

***Desiring what is to be***

***Missing what has been***

***Step by step***

***One by one***

***Aging knows***

***Wisdom grows.***

Roger A.