

Folks,

An excellent review of the history of the influences on psychiatry over the past few decades from Peter Kramer:

<http://www.theatlantic.com/magazine/archive/2016/07/the-assault-on-antidepressants/485588/>

Cyberchondria [= searching the web excessively for health information to the point it is disabling as to meeting other needs]. Features symptoms of anxiety and nonreassurability. Article doesn't mention coding, so I will suggest: "cyberchondria, F45.29." Article only speculates about treatment, suggesting approaches one might use with OCD. [This month's Psychosomatics.]

For complicated grief, a study compared patients receiving psychoeducation, grief monitoring, and encouragement of engaging in activities, did better if also placed on citalopram. Citalopram [clinicaltrials.gov Identifier: NCT01179568]. Complicated grief is not in DSM-5. I suggest coding: "F43.29 Complicated Grief."

Interpersonal psychotherapy is effective in the acute treatment of depression. IPT may also be effective in the treatment of eating disorders and anxiety disorders. Combining with medications got better results, but adding ITP to pts already on a medication did not improve the results [This month's AJP].

In Jun 29, 2016 06:23 am | MGH Center for Women's Mental Health:

1] Women with frequent religious attendance had substantially lower suicide risk, compared with women who did not attend religious services as often.

2] Study on the use of St. John's Wort found that it was superior to placebo for the treatment of physical symptoms but did not have a significant impact on depressive symptoms, anxiety or irritability. Moreover, for women of reproductive age, treatment with St. John's Wort is associated with a significant 13-15% reduction in the dose of oral contraceptives. This can result in breakthrough bleeding and contraceptive failure.

The Post article, July 1, on the decline of "available bed" in the POST was only focused on the public sector's beds. Not clear to me why the growth of private beds and beds in general hospitals is never mentioned in these kinds of studies. Also, want to point out that the public sector did not always have the concept of "available bed." The law pertaining to admission to Saint Es and other institutions for more than a hundred years focused purely on whether the individual needed hospitalization. If so, the patient might be put in a bed in a room that was already crowded with beds – or might sleep on a couch in the day room.

Department of Health and Human Services has increased the buprenorphine prescribing limit from 100 to 275/prescriber.

Cognitive-behavioral therapy, lisdexamfetamine, and second-generation antidepressants are effective treatments for adult binge-eating disorder [doi: 10.7326/M15-2455]. Headline for this claimed “most effective treatment,” but study did not prove lisdexamfetamine superior to all other stimulants nor prove that second generation antipsychotics get better results with binge-eating than first generation. What lisdexamfetamine does have is being the only FDA approved med for adult binge eating.

d-cycloserine augmentation of CBT did not confer additional benefit relative to placebo among youth with OCD.

Thought you were going to get through a Sentinel that didn't mention our broadest treatment, physical exercise? No such luck. Researchers have discovered new clues as to how exercise beneficially impacts brain activity in young people with bipolar disorder. Exercise reversed below-normal activity in the striatum that correlated with more severe bipolar systems, possibly because endorphins—opiates naturally produced in the brain—that were released during exercise acted on the reward system. In an opposite pattern, exercise reversed above-normal activity in the anterior cingulate cortex.

Roger