

Folks,

Last week's decision by the court to release John Hinckley, after a 34-year stay at Saint Es, is a reminder of whether I should have given President Reagan a difference answer when he called me from Air Force One in February, 1983. Below my name some thoughts.

Saturday's NEJM:

1] An editorial championing the concept of adding "the right indication" to the following five "rights" required for safe prescribing:

- A] the right patient
- B] the right medication,
- C] the right dose
- D] the right time
- E] the right route

Especially, with electronic health records, it is argued, it is time to do this to:

- A] enhance safety,
- B] enhance patient's knowledge of why, which in turn will enhance alliance,
- C] help prescribers become aware of medications choices in an electronic health record,
- D] help all the clinicians working with that patient to be on the same page,
- E] help recognizing the need to discontinue a medication, and
- F] help achieve clearer assessments of medications.

Author does point out that psychiatrists might not want to add the indication on their prescriptions.

2] For a great review article on how to treat people with opioid-use disorders, pull up:

<http://www.nejm.org/doi/full/10.1056/NEJMra1604339>

From the lakphy desk:

1] Just one hour of physical activity a day -- something as simple as a brisk walk -- may undo the increased risk of early death that comes with sitting eight hours or more each day. A study also found that watching TV for three hours or more a day was linked with an increased risk of early death, regardless of physical activity [July 27, 2016, The Lancet, online].

2] People living in affluent countries are more likely to suffer from post-traumatic stress disorder than those in poorer nations. A large study revealed that Canada has the highest levels of PTSD, followed by the Netherlands, Australia, the US, and New Zealand, while the lowest levels were found in Nigeria, China, and Romania. [July, British Journal of Psychiatry.] Less exercise the reason?

3] A Dr. Sabgir told his patients to walk for their health. Didn't work, so he asked them to walk with him, and they did, starting the "Walk-with-a-doc" movement, which has now reached 3000 physicians and 200,000 accompanying the physicians. Article goes on to point out that walkability requires a willing community addressing things like sidewalks and crimeless streets.

Four items on dementia/neurocognitive disorders from a meeting last Tuesday:

1] After age 65, the prevalence rate of Alzheimer's doubles every 5 years, from <5% at age 65 to nearly 50% of individuals 85 years and older.

2] Alzheimer's appears to be the most costly illness in the United States, even more so than cancer and heart disease.
<https://www.nia.nih.gov/alzheimers>

3] Approaches to preventing or postponing Alzheimer's include not smoking, socially active, "interesting" life, physical exercise, and mental exercises. In choosing exercises, select those that the patient is still likely to be doing a year from now. It has not been established that any medication prevent Alzheimer's.

4] An excellent resource for information on dementia/neurocognitive disorders: <http://detectalz.com/provider-toolkit/>.

The New Yorker Cartoon three weeks ago: man on psychoanalytic couch, dog sitting in chair. Caption included "canine therapy."

Roger

The news this week that John Hinckley is to be released raises the question as to whether it would have made any difference when Reagan called me from Air Force One in 1983 asking whether it would be in Hinckley's interest for the President to visit Saint Es and pardon him, a personal pardon, not a legal one.

Clinically, it seemed an easy choice. I think all of you would have said that kind of reward would be unfortunate. But I never would have guessed at that time that the Court would postpone his release for more than three decades when the typical patient found not guilty by reason of insanity at St Es was released in about five years. Would a very public pardon by Reagan have led the Justice Department to have a different attitude? Would Hinckley's stay at St. Es been much shorter? Had I really placed the patient's needs first? As it turned out, probably not.

While the question was what was good for Hinckley, it was clear that what was good for St Es was for me to encourage Reagan to visit St. Es. The White House's feeling about Saint Es would have become more positive and probably the White House would not

have been so eager to transfer St. Es to DC. The next year, 1984, the Reagan administration successfully passed legislation to transfer St Es to DC, and the huge federal financial support for St Es was discontinued gradually over the years following transfer.

Another issue I did not bring up with Reagan was what were the feelings of the other three who were shot? Months after talking with Reagan, I was at a White House brunch. On the way to the brunch, Dan Ruge, Reagan's personal physician, and I walked pass James Brady, who was waiting for an elevator. He was obviously in bad shape. After getting beyond where Brady could hear us, Dan said something like, "you got it right, the families of the other three would not have favored a pardon."