

Folks,

In this week's JAMA:

1] Practice guide for medications for treatment and prevention of HIV infections in adults:

[www.ncbi.nlm.nih.gov/pubmed/27404187](http://www.ncbi.nlm.nih.gov/pubmed/27404187)

2] Adherence to healthy behaviors in US:

- A] not-smoking, 82%
- B] getting enough exercise, 1/2
- C] normal weight, 1/3
- D] adequate sleep, 63%

3] Relative to condomless sex with virologically suppressed HIV-infected individuals, "clinicians can indicate that the risk of HIV transmission appears small in the setting of continued viral suppression." How long should suppressant be used before condomless sex ? Six months suggested.

This week's NEJM:

1] Relative to gender-identity terms, following recommended:

A] Gender identity = One's sense of oneself as male, female, or outside these categories.

B] Cisgender man = A person assigned male gender at birth who identifies as a man.

C] Cisgender woman = A person assigned female gender at birth who identifies as a woman.

D] Genderqueer = A person with non-binary gender identity, identifying as both a man and a woman or as neither.

E] Transgender man = A person assigned female gender at birth who identifies as a man.

F] Transgender woman = A person assigned male gender at birth who identifies as a woman.

2] Relative to three recent, overlapping, trends in telehealth:

A] The transformation of the application of telehealth from increasing access to health care to providing convenience and eventually reducing costs. For example,

telemedicine may be immediately available at one's home as opposed to the two-week wait usually required to see a physician. Of course, no travel time, travel costs, wait-time in the office. Costs are usually less than \$50 for telehealth, whereas office visits or ER visits are usually more.

B] The expansion of telehealth from addressing acute conditions to also addressing episodic and chronic conditions. [Psychiatry has been using for chronic conditions more than other specialties.]

C] The migration of telehealth from hospitals and satellite clinics to the home and mobile devices.

Limited reimbursement is constraining telehealth's widespread use, but this constraint is decreasing, e.g., more and more states are passing telehealth parity laws. Even so, the article says there remains some clinical, legal, and social barriers to telehealth's use.

Two items from last Tuesday's NY Times, page D4, of interest:

1] An excellent review of "when abuse is psychological." We want to add that it is well covered, including multiple coding options, in DSM-5, pages 717-722.

2] In "a marker for chronic fatigue," some interesting markers are suggested:

a] stool has lower diversity of bacteria

b] higher blood levels of:

i] lipopolylysaccharides

ii] inflammatory molecules.

I would submit, however, that markers are only of use when there is an etiology. Moreover, the above markers will miss 17% of patients diagnosed with chronic fatigue disorder. Percentage of false positives is not stated

DSM-5 doesn't include this disorder, which medicine codes as "R53.83 chronic fatigue disorder."

Recently CDC reported that this nation's suicide rate increased in all age and gender groups with one exception. it was lower in African-American males older than 65. The response has been a call for more mental health services, which is all to the good, but probably best that we not claim, I think you would agree, that more services will mean fewer suicides.

In families with at least 2 psychiatrically ill generations, mothers treated with either brief interpersonal psychotherapy or brief supportive psychotherapy improved quickly after only 7 or 8 sessions as did their children, gains sustained for at least a year. [JCAACAP, June]. Would seem logical to me that such therapists be paid double for this treatment.

The American Psychiatric Association [APA] has 74 District Branches, one of which is the Washington Psychiatric Society [WPS]. Since 1974, when WPS objected to the APA being a party in a lawsuit against St Es, WPS has been setting the APA agenda more than any other DB, providing about five motions a year for the APA's Assembly consideration. We would like to continue this tradition, so if you have some thoughts as to positions you would like to see the WPS initiate, let me know. Since we believe that the APA should be a representative democracy, we will take proposals to the WPS Board of Directors to pursue through the APA's representative governance, not directly to the APA's Board of Trustees.

Roger