

Folks,

Cartoon: Patient on coach to therapist behind coach: "If we can't meet next week, you can follow all my neurosis on Twitter."

As said before, those of us developing DSM-5 were specifically asked to have fewer conditions in DSM-5 than were in DSM-IV. Roughly 250 ICD-10-CM mental health codes [beginning with "F"] were not included in DSM-5. We have developed the attachment to show what is in ICD-10-CM and not in DSM-5. Since ICD-10-CM was accepted in this country several years ago, I assume that we can use any of those codes if we want. Not a lawyer, of course, but would seem to violate parity law to deny payment for these codes.

Question has come up. How to code anosognosia, meaning denial of an illness? "R41.89 Anosognosia." Note, use "Anosognosia," not "Other." Not in DSM-5.

While mental health clinicians know the value of talking, it is good to see the world's most prominent medical publication, the New England Medical Journal, 17 Nov 2016, p 1918, have an editorial championing talking to achieve improved patient decisions and improved motivation for treatment. The editorial is hopeful that the new value-based insurance system, as opposed to the fee-for-service-system, will encourage talking.

NEJM [1 Dec 2016]:

1] In Sentinel # 140, we mentioned Anti-N-methyl D-aspartate receptor encephalitis. In this NEJM, a patient with "altered mental status" was described who, after much testing, was found to have Anti-N-methyl D-aspartate receptor encephalitis. Article concluded it is important to have a systematic approach to patients presenting with altered mental status to prevent permanent disabilities. More generally, in JAMA, 8 Nov 2016, an editorial, p 1867, saying that "every individual in the United States will have at least one diagnostic error during his or her life-time." To decrease errors:

A] Greater use of rule-based algorithms.

B] Greater use of reflective reasoning [less intuition]

C] Greater use of external resources, e.g., guidelines

D] Develop videogames that would improve the intuition of physicians. An example is the videogame, Night Shift, which it is hoped can improve an ER physician's intuition as to physical trauma diagnosing. A sidebar is that the editorial points to the value of stories, not just data.

2] A review of postpartum depression:

A] When antenatal depression is present, should be treated with psychotherapy or medications. One study found that treating such reduced the chances of postpartum depression from 92% with no treatment to 0% with treatment!

B] Medications recommended when

i] symptoms do not respond to psychotherapy

- ii] symptoms are severe and require immediate attention OR
- iii] patient prefers meds to psychotherapy

From the lakphy desk:

1] A study published in the British Journal and Sports Medicine, based on “data from 11 annual health surveys for England and Scotland carried out between 1994 and 2008, covering 80,306 adults with an average age of 52,” found that “swimming, racket sports and aerobics are associated with the best odds of staving off death, and in particular of reducing the risk of dying from heart disease or stroke.” It found that the risk of death was reduced the most by racket sports (47 percent), swimming (28 percent), aerobics (27 percent), and cycling (15 percent).

2] We all saw the headline in the Washington POST that “Blood Pressure and LDL Lowering [by medication] in the elderly does not slow cognitive decline.” First a general point, does not rule out lowering BP and LDL by lifestyle, such as exercise, slowing cognitive decline. Second, a specific point, subjects with both a systolic >132 and LDL > 111 did have slower cognitive decline if on meds.

Today’s NY Times reviews an article in JAMA Ophthalmology saying that lots of sunlight while in one’s teens prevents myopia in later years. This raises the question as to whether myopia is a disorder for most of us with myopia who don’t need glasses for most of the day, days spent reading without glasses -- while our normal-eye-refractory peers spend the day using glasses.

Roger

Keith Brody’s death on 2 Dec brings up some memories. People would turn to Brody for leadership faster than anyone I have known. After becoming Chair of psychiatry at Duke, he so impressed the rest of the medical school that he was elected to become Dean of Duke’s Medical School. He so impressed the rest of the University while Dean of the Medical School, that he was soon elected to be President of Duke University. After taking on some roles for APA, he was soon President-Elect when he was still in his early 40s, one of the youngest to become President of APA. I will also remember that when my son, Rodney, was a sports reporter for the Duke student newspaper, 1990, and Rodney wrote an article basketball Coach Kryzewski didn’t like and blasted Rodney publicly, Keith then wrote to Rodney that “you are still my sports reporter.”