

Folks,

Below my name, notes from a meeting that represents “a conflict of interest” in that I got a free dinner while attending.

Sunday's Washington Post Magazine has an article on parental alienation, about which there is a major disagreement: whether or not such a condition exists. For those who believe in it and want an ICD-10-CM code, we suggest: “Z62.898 Parental Alienation.”

The journal Psychotherapy, March, two articles:

A] Collaborative termination strategies can first be used in the initial session in order to address clients' termination expectations. Strategies can also be used throughout treatment to help clients focus on their treatment goals. Last, collaborative termination strategies should be used in the final session to help clients take ownership of their gains and to equalize the therapeutic relationship.

B] Comparing rates of treatment refusal and premature termination for pharmacotherapy alone, psychotherapy alone, pharmacotherapy plus psychotherapy, and psychotherapy plus pill placebo treatments found:

A] An average treatment refusal rate of 8.2% across studies.

B] Clients who were assigned to pharmacotherapy were 1.76 times more likely to refuse treatment compared with clients who were assigned psychotherapy. Differences in refusal rates for pharmacotherapy and psychotherapy were particularly evident for depressive disorders, panic disorder, and social anxiety disorder.

C] On average, 21.9% of clients prematurely terminated their treatment. Across studies, clients who were assigned to pharmacotherapy were 1.20 times more likely to drop out compared with clients who were assigned to psychotherapy. Pharmacotherapy clients with anorexia/bulimia and depressive disorders dropped out at higher rates compared with psychotherapy clients with these disorders.

For treating depression in children and adolescence, this month's Worst Pills, Best Pills News suggest fluoxetine or sertraline.

The May 8 Wall Street Journal had an article championing “tree therapy” to reduce stress, consisting of simply being in forests absorbing the chemicals trees emit. Japan has gone so far as to designate 62 of their forests as “therapeutic.” Should we ask foresters to so identify therapeutic forests in the County?

The recent publicity about legionnaire's disease reminds me that in 1967, we had an outbreak of a mysterious, deadly illness that we attributed to unidentified bacteria in our air conditioners, eight years before it struck veterans attending an American Legion meeting. Fortunately, it never got named after St Es.

From the lakphy desk: At the Salk Institute, a pill has been developed for mice that emulates the benefit of aerobic exercise in at least one way, a 70% improvement in endurance. Even if found to work so in humans, no guarantee that it will also produce the cognitive benefits of exercise.

Roger

On Tuesday, Robert M. Post, M.D, gave a talk on managing bipolar depression. The talk was supported by Sunovion, one of whose products is lurasidone [Latuda]: Several points:

1] Essential that first episode bipolar depressive episode be seen as an indication for long-term prevention of any more episodes. Future episodes will decrease the effectiveness of antipsychotics.

2] Lithium is the cornerstone in the treatment of bipolar disorder.

3] Lurasidone, an adjunctive option, is FDA approved for bipolar depression and schizophrenia.

4] Dosing of lurasidone for bipolar depression can begin at 20 mg, not the 40 mg usually used to begin people with schizophrenia.

5] Lurasidone is less likely than many antipsychotics to cause weight gain, and less likely than many to cause glucose, lipid or cholesterol elevations.

[Another medication associated with free meals and extensive advertising is Nuedexta. Today's NY Times says that its sales have risen from \$37 million in 2012 to \$218 million in 2016.]