

Everyone,

April's Scientific American has articles on suicides:

1] Between 1999 and 2016, the suicide rate in this country rose 28%.

2] Less than half of mental health professionals, it is claimed, are trained in suicide prevention. More specifically by discipline:

A] <25% of social work programs so trained

B] 6% of marriage and family therapy programs so trained

C] 2% of counselor education programs so trained

D] “most physicians do not learn how to identify those at risk of suicide or what to do to help them.”

3] Article suggesting that treatment of suicidal ideation should focus on that symptom, not search for a syndrome of which that is one

symptom, e.g., not assume that patient has major depressive disorder. {While not a focus of this article, we would add that focusing on patient's symptoms rather than a syndrome might provide more exact diagnosing and might help psychiatry get unstuck. The ICD-10-CM for this would be:

R45.851 Suicidal ideation [not in DSM-5]}.

4] Article says suiciders had visited a medical setting within 30 days of their death.

5] As to treatment of suicidal thoughts, mentioned in the article:

A] Dialectal behavioral therapy

B] Ketamine

C] Antidepressant medications, slower effect than ketamine

D] Game called Tec Tec played a few minutes each day. Article says that when the person stops daily playing Tec Tec, the impact ceases.

In the NY trial of Yoselyn Ortega, who killed her children, her lawyer is pursuing a verdict of not guilty by reason of insanity [NGBRI]. The NY Times reports that such a defense has only prevailed in NY 6 times in 5,111 murder cases from 2007-2016. A concern of juries is that the person will soon be back in the community. I do not know the data in NY, but at St Es, we usually released a NGBRI from the hospital to a clinic in about three years.

NGBRI used to have a different outcome. In 1837, the poet Francis Scott Key, was DC's prosecuting attorney. He went for a NGBRI in the case of Richard Lawrence, who had attempted to kill President Jackson, because NGBRI would put Lawrence away forever. Lawrence died at St Es in 1861. If found guilty, he would have had a short prison stay, as attempting to kill the President was only a misdemeanor in 1837.

Also focused on mental illness and Presidential assassinations yesterday's media was The James

Garfield National Historic Site association pleads that a marker be placed in the Mall where Garfield was assassinated in 1881. This reminds of another factor in a NGBRI plea. Garfield was shot in July 1881, by a Mr. Guiteau, and became bedridden. St Es's Superintendent, a Dr. Godding, at that time, predicted that if Garfield lived, Guiteau will be sent to St. Es as NGBRI. If Garfield dies within a year of the shooting, Guiteau will be found Guilty and hanged. Garfield died that September, a jury quickly found him guilty, and he was hanged. A reminder that outcome impacts the jury's judgment as to the insanity plea.

Yesterday's Washington's POST had an article, "This professor says the workplace is the 5th leading cause of death in the U.S." Features of the workplace causing death, the professor claims: long hours, lack of health insurance, little autonomy on the job, high job demands, layoffs, job insecurity, and toxic cultures. Obviously varies with worksite. If

treating such a person, some ICD-10-CM codes to consider:

Z56.2 Threat of job loss

Z56.3 Stressful work schedule

Z56.4 Discord with boss and workmates

Z56.5 Uncongenial work environment

Z56.6 Other physical and mental strain related to work

Z56.8 Other problems related to employment [only option of these nine listed in DSM-5]

Z56.81 Sexual harassment on the job

Z56.82 Military deployment status

Z56.89 Other problems related to employment.

If a patient should ask whether coffee will boost, blunt, or have no impact on their physical performance, I gather we should send the question back to the patient saying that people vary, that there are genetic variabilities that can lead to any of the three. So, their experience

with coffee is the answer [NY Times yesterday, D5].

Another question that can come up is whether to take fish oil to prevent cardiovascular events, cancer and other major medical events. As said in prior Sentinels, better to eat fish, e.g., salmon and sardines, selecting two low in mercury, than to take fish oil.

Current Psychiatry, vol 17, #2, review of hypersexuality [= compulsive sexual behavior] has it defined as repetitive and intense preoccupation with sexual fantasies, thoughts, and behavioral that are distressing to the individual or result in psychosocial impairment. Fine review does not mention how to code. We suggest, F52.8 Hypersexuality.

From Lakphy {lack of physical exercise} desk: The Epoch Times, page B4, “Doctors who prescribe exercise should walk and talk,” reminds readers that CDC recommends 150-300 minutes of moderate intensity exercise per week

or 75 minutes of high intensity exercise per week. Also, two days with strength or muscle stretching per week. Article claims that only 10% of the U.S. population meets CDC requirements. Article suggests clinicians should be a good example.

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