

Everyone,

If treating someone who is suffering from sexual harassment, the ICD-10-CM code is Z56.81 [not in DSM-5, but should be recognized by all payers]. Of course, this indicates etiology, so another diagnosis reflecting manifestation, such as anxiety, depression, phobia, whatever, would also need to be listed.

Tomorrow's NEJM:

1] An article on “The psychology of Clinical Decision Making – Implications for Medication Use” says:

A] Most of medicine has yet to integrate the implications of current research into medical decisions.

B] A key problem is medicine's assumption that clinicians and patients are rational decision makers. See “C]” infra.

C] For example, we are disproportionately influence by the most salient and digestible information, rather than an integrated overview of all the data. This helps explain the power of simplistic pharmaceutical promotions.

D] The author favors “Academic detailing” in which specially trained educators meet with doctors in their own office to interactively discuss the physicians understanding of a particular, medication-use, situation. While this approach would appear to be slanted toward the sponsoring

pharmaceutical firm, the author feels these discussions are worthwhile.

E] Making use of “nudge,” meaning making a preferred alternative the default choice when several options exist. For example, some of you use sertraline when wanting an anti-depressant and all choices seem equal.

2] An editorial: “We believe that efforts to reduce overprescribing of opioids and to educate the medical and lay communities about the risks should be expanded to target benzodiazepines.”

From the lakphy desk:

1] Tuesday’s NY Times, “Rise and Shine [and Play Tag]” reviews the studies of physical exercise in kids before classes start. Conclusion is that three times or more a week should be encouraged. Yes, three times gets better results than two times a week.

2] Consumer Reports, last October, list ways to ease depression, one being moderate-intensity exercise [e.g., brisk walking]. Also recommended,

A] CBT,

B] “get social,” and

C] skip supplements.

While addressing lifestyle is the recommended approach to insomnia, for short-term needs, FDA has approved the following [please let me know if I am missing one or more]:

Diazepam
Estazolam
Eszopiclone
Flurazepam
Quazepam
Ramelteon
Temazepam
Triazolam
Zaleplon

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