

Folks,

From Jeff Geller, a leading community psychiatrist in Massachusetts, on this year's election:

“Our patients have the same needs no matter who is in the white house. Our job remains best meeting their needs. Whatever challenges we face, pale in comparison to those of our patients.”

“Calls into crisis hotlines rose sharply after the election, mental health professionals say. While call centers try to take on the increased volume, experts lend advice to those struggling to cope with a Donald Trump presidency” [yesterday's Christian Science Monitor]. If seeing such patients, of course the diagnosis would be whatever captures the symptoms. As to Z-codes, a suggestion, “Z65.8 National election results.” Next door to Z65.8, for your patients if so interested, is “Z66 Do not resuscitate.”

Quetiapine, FDA approved for:

- 1] Schizophrenia
- 2] Mania
- 3] Bipolar maintenance
- 4] Bipolar depression and
- 5] Depression,

Now quetiapine has now gotten a ot a favorable review in the current Carlot Report for PTSD, especially if the patient has already been non-responsive to psychotherapy. Report reminds to be sure to get informed consent as to weight gain and tardive dyskinesia.

“Of all Americans who are clinically depressed and need help, less than half of them are diagnosed with depression. . . .Of those diagnosed, clinical depression, only about 30 percent get sufficient treatment to return to their normal functioning. That low percentage has a lot to do with lack of access to care and not being able to use their health benefits to cover it.” [Sunday's NY Times Magazine.]

In the late 1980s, the idea that the American Psychiatric Associations [APA] should develops standards of care was appealing to me, but I was warned that idea had no chance of passage in the APA Assembly because it was felt that individuality and flexibility would not be allowed. So I modified the motion to call for the development of “parameters,” not “standards.” I bring this up for two reasons.

- 1] American Association of Child and Adolescent Psychiatry [AACAP] now uses “parameters” and there is an excellent one in this month's AACAP on Assessment and Treatment of Children and Adolescents with Reactive Attachment Disorder and Disinhibited Social Engagement Disorder, p 990-1003.

2] In recent years, the official use of the term "Guideline" now includes burdensome requirements contributing to a decrease in the production of Guidelines. We may suggest to the APA that they go back to "parameters." Thoughts on this are welcomed before we take a motion to the Board of Directors of WPS next year.

For County residents interested in APA politics, Brian Crowley, who many of you know, has apparently been successful in his petition drive to get onto the ballot as a candidate for Secretary, along with three other nominations. Election is in January.

From the Lakphy desk:

1] From a list of "50 Great Reasons to Exercise," many in the list focus on improved quality of life. Eight more psychologically specific:

- A] Exercise is energizing
- B] Leaves people with a natural high
- C] Increases self-esteem
- D] Lifts mood
- E] A natural "antidepressant"
- F] Helps feel younger
- G] Releases tension
- H] Helps relax
- I] Is a great stress buster
- J] Improves sleep

2] Use of activity monitors that encourage 150 minutes a week of moderate walking appear to be associated with better health. Note "use." Many buy but don't consistently use.

3] Across four studies involving 55,685 participants, genetic and lifestyle factors were independently associated with susceptibility to coronary artery disease. Among participants at high genetic risk, a favorable lifestyle, including exercise, was associated with a nearly 50% lower relative risk of coronary artery disease than was an unfavorable lifestyle.

Roger