

Folks,

Pop quiz:

Following is the list of the five most commonly used nouns in the English language. Which is more common than the other four?

- 1] “day”
- 2] “person”
- 3] “time”
- 4] “way”
- 5] “year”

A diagnosis of [post-traumatic stress disorder \(PTSD\)](#) as well as some psychotropic medications taken to treat the PTSD may increase the risk of [dementia](#), according to a study in the Journal of the American Geriatrics Society.

The retrospective cohort study used a nationwide sample of more than 400,000 U.S. veterans age 56 and older without a diagnosis of dementia or mild cognitive impairment in 2003. Researchers looked at PTSD diagnoses, dementia diagnoses, comorbidities, and psychotropic medication use over nine years of follow up.

A diagnosis of PTSD, they found, significantly raised the risk of a dementia diagnosis. In addition, veterans with PTSD who took selective serotonin reuptake inhibitors, novel antidepressants, or antipsychotics were at significantly increased risk of dementia compared with veterans with PTSD, and those without PTSD, who did not take the medications. Of course, those who were given prescriptions may have had a more severe PTSD.

Annals of Clinical Psychiatry, May 2017: For tardive dyskinesia, clozapine and ginkgo biloba are still the only category B options, that is, the benefits outweigh the risks.

Recent DSMs have been blamed for the fact that psychiatry has been stuck for decades. How might the DSMs be causing the problem?

- 1] Focus on syndromes rather than symptoms. Syndromes are very non-specific [e.g., personality disorders can come in 254 different varieties; bipolar mixed in over a million varieties].

2] A lesser contribution might have been DSM-5 leaders deliberately wanting fewer disorders than DSM-IV-TR.

To get unstuck, some have proposed moving the next DSM toward a dimensional approach. It seems to “make sense” that psychopathology comes in various intensities, e.g., delusions have varying degrees of intensity, so should not future DSMs adopt such? Diagnosis, however, is to answer the question as to whether to treat or not – which is usually not in gradations. Thus, some asked to try a dimensional approach felt it was a waste of time.

In a comparison of aerobic or resistance exercise, or both, in dieting obese seniors, study showed that weight loss plus resistance training or aerobic training improved physical function and ameliorated frailty; however, weight loss plus combined aerobic and resistance training provided even greater improvement in physical function and reduction of frailty than either intervention alone and was associated with relative preservation of muscle [15 May 2017 JAMA].

The May 16th JAMA has two articles that debate whether there is a physician shortage in the U.S. One of the articles says that the average time for getting an appointment is about 20 days today, same as two decades ago.

From lakphy desk:

At a conference on obesity, a report was given claiming that “fat but fit” is still relatively lethal, that fitness does not protect the obese from an early death. “Fit” was defined metabolically, so it was not clear that physical exercise is not somewhat protective in the obese. Hopefully, report will soon be published, and we can have a look at the details. I doubt we want the obese to think that physical exercise is worthless if not associated with weight loss.

Roger

Answer to question, “time.” [Source: Dean Buonomana’s YOUR BRAIN IS A TIME MACHINE.] Despite “time” being very prominent in the human mind, am I correct to say time has little role in our concepts of psychopathology?

On Sat, May 20, 2017 at 3:22 PM, rogerpeelee@aol.com <rogerpeelee@aol.com>wrote:
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