Folks

Years ago, “polypharmacy” suggested a poor practice for almost all conditions. Of course, now we have “monotherapy” being seen as poor practice with a number of disorders. In this month’s J of AACAP, championing two meds for ADHA: “Current ADHD medications, including psychostimulants and guanfacine, robustly ameliorate ADHD symptoms in the short term. Short term = 8 weeks. I gather long-term results are not yet clear, but hard to avoid the conclusion that two meds get better results.

Coffee consumption continues to get positive reviews: In the current World J of Biological Psychiatry: “As compared with non-coffee drinkers, rate of suicide was 45% lower among individuals who consumed 2–3 cups of coffee per day, and 53% lower among individual consuming ≥ 4 cups of coffee per day. The lack of association between decaffeinated coffee and suicide risk suggests that caffeine, rather than other coffee components, contributes to this association. However, consumption of decaffeinated coffee was low, and we cannot exclude the possibility that an inverse association with suicide risk could exist for higher consumption.”

From the lakphy desk:

1] “People with high levels of weekly physical activity had a lower risk of breast cancer, colon cancer, diabetes, heart disease, and stroke.” [This week’s Brit Med J.]

2] As to prevention of strokes encourage lifestyle habits that:

a] promote physical activity,

b] a diet low in sodium and rich in fruits and vegetables, and

c] smoking cessation using counseling and drug therapy. [JAMA Clinical Guidelines Synopsis.]

3] Exercise decreases hot flashes in women suffering from such [Last Tuesday NY Times, page D4].

4] Yesterday’s NY Times, page A3, “Food and Exercise Studies Have One Big Problem.” As to exercise the problem is what kind of exercise and how much. Aerobic? Strength? Speed? How often? For how long? How many calories used? We had asked the American Psychiatric Association to define lakphy, but that effort was unsuccessful, and we will need to try again next October.

In yesterday’s NEJM, an article on the stress of dealing with a clerical mistake that one has died, “coming back from the dead.” Because of interoperability and because of the need to discourage fraud, there are major challenges to correcting the error. It can be a huge stress attempting to get one’s pay and other important matters corrected. May

take months. If you have a patient suffering such, suggested ICD-10-CM code, “Z65.8 False Report of Having Died.”

The battle of where to draw the line on defining autism continues with this week’s Atlantic a review of the “acceptance of neurodiversity – the idea that people with autism...should be respected as naturally different rather than abnormal and needing to be fixed.”

Last Tuesday’s NY Times described the Hearing Voices Network, in which people in the network talk “directly” to the voices. Unlike some alternative approaches to medicine, this Network is not hostile to psychiatrists. Many of the Network members are taking psychiatric meds.

A conference on Alzheimer’s last weekend publicized the finding that those receiving meds for Alzheimer’s lived longer, but the key author pointed out that, “it’s not that the drugs themselves exerted any lifesaving effects. Rather, the observed benefit is probably because the patients who got treated also then got consistent medical attention for health-threatening co-morbidities.”

Roger