

Folks,

Two items in last Sunday's NY Times:

1] Be warned if telling your patient about the need to diet. In "Never Diet Again," a theme that diets do not work. In these Sentinels we have argued that lack of exercise [lack of exercise] is more lethal than obesity and, if the Never-Diet-Again theme is correct, then, as to patient's compliance, maybe to stress exercise is more hopeful approach than to stress a diet.

2] When someone has suffered from PTSD, best to call them "victims" or "survivors"? The article in the Times presents both sides. Seems reasonable to explore a patient's preference, not assume which they prefer.

As to PTSD treatment, in this month's Depression and Anxiety, trauma-focused psychotherapy 05/06/2016 Study findings support use of trauma-focused psychotherapies (TFPs) over nontrauma-focused psychotherapy or medication as first-line interventions. Second-line interventions include stress inoculation training (SIT), and potentially sertraline or venlafaxine, rather than entire classes of medication, such as SSRIs.

If you have a chronically depressed patient wanting to think about options in their workplace, a review of five options, such as whether to disclose, can be found at: "<http://mentalfloss.com/article/79203/5-ways-handle-depression-workplace>".

Hopkins has a checklist to help medical students remember best practices when using electronic medical records, but the authors agree that their recommendations are not empirically based. I would guess that when we have empirical information, we will have a differential, that having the computer as a third party in the session may work fine, but there will also be situations in which recording best take place after the session. Among the indications for the former, I assume, is when the patient needs assurance you hear them and can see the screen.

"Polypharmacy" used to be a negative term, but now we are seeing more positive articles. The following, very long search address addressed polypharm with pts who have schizophrenia.

<http://www.currentpsychiatry.com/specialty-focus/schizophrenia-other-psychotic-disorders/article/when-and-why-to-initiate-antipsychotic-polypharmacy-and-with-which-agents/51d4781a9265a37797755b6f4e22f9b7.html> I am on some Boards that review medical charts. This month a chart that had a patient who was prescribed 39 medications, the most I have ever seen.

Roger