

Everyone,

Veterans Day reminds that those of us who experienced being around during WWII were lucky in that was probably, of all of America's wars, the one that:

- 1) had the clearest good v evil and
- 2) the most universal public support.

The National Academy of Sciences, Engineering, and Medicine says that 5% of patients in US are being diagnosed incorrectly and this contributes to almost 10 percent of the deaths. No breakdown by specialty.

In today's mail, THE WASHINGTON PHYSICIANS DIRECTORY, 2018.
Lists numbers of psychiatrists:

D.C.: 213

Bethesda: 77

Chevy Chase: 50

Germantown: 1

Kensington: 5

Olney: 2

Potomac: 11

Rockville: 50

Silver Spring: 23

[West Montgomery: 1](#)

PG County: 26

The American Psychiatric Association has 74 District Branches. As to setting the APA's agenda, since 1975, the Washington Psychiatric Society district branch has been the most active. Each year we have about six motions, "action papers," developed and sent to the WPS Board of Directors. If the Board approves, then the Action Paper goes up APA's governance. Some succeed, for example abolishing the multi-axial system. Others fail, for example, replacing the name of "borderline personality disorder." (We got a majority vote on the need to replace, but could not get a majority to agree on the name of the replacement.)

List of proposals we may want to send to WPS Board over the next few months:

- 1) To encourage the documentation of psychosocial factors in the diagnosing of mental disorders, add the many names and codes of such factors that are in ICD-10-CM but not in DSM-5.
- 2) Metaphors play an important role in our communications with patients and with other clinicians. The APA should have a component clarify which are useful and which are dangerous.

3) Per our interest in physical exercise, which is more effective than medications for some mental conditions: Under what conditions is it ethical to prescribe psychotherapy or medications before prescribing physical exercise?

4) Under what conditions is it ethical to prescribe a psychotherapy or medication before prescribing sleep hygiene?

5) One of the more common behaviors that can cause clinically significant distress (untoward event) or disability (time spent) is electronic device use. Should this condition not be in the DSM?

6) "Treatment resistance" is a very important concept, clinically and in research. What should be its definition? Some have taken the position that failure of two medications is sufficient. Should a patient be seen as "treatment resistant" when no psychotherapy has been tried? Should a depressed patient be seen as treatment resistant after two trials of an SSRI given that the FDA has approved about 30 medications for depression?

Please bring other suggestions as to actions you would like to see the American Psychiatric Association take.

Roger