

Everyone,

Below my name, the Montreal Cognitive Assessment on which Trump got a score of 30.

Thursday, Daniel Pine, NIMH leader, and Deputy Editor, *American Journal of Psychiatry*, known to many of you, gave a talk last Thursday, NEUROSCIENCE AND CLINICAL THINKING. He spoke of applying the Research Domain Criteria [RDoC] to anxiety. While there has been a lot of progress as to how the brain functions, Pine said that the full clinical application of this work might not be available “in my lifetime.” This was unsettling as Pine looks very healthy.

Also suggesting that it is going to take time to see the advances we want to see is last December’s *Current Psychiatry*: “There are hundreds of biomarkers in schizophrenia, but none can be used clinically until the biosignatures of the many diseases within schizophrenia are identified.”

In this weekend’s *JAMA*, relative to treating PTSD in veterans with prolonged exposure therapy, 10 sessions over two weeks seemed as efficacious as 10 sessions over eight weeks.

While worrying rarely reaches the point of causing significant distress to where we would want to say the person has a mental illness, we want to note that worrying that one has or will develop dementia is likely to soon exceed other worries, such as worries that one will develop cancer or worries that one will develop heart disease. If treating someone for such distress, however, and you think it reaches the level of a mental disorder, suggest: R45.82 Dementia Worry.

For your patients wanting to do something about their Dementia Worry, the new publication from Harvard, IMPROVING

MEMORY, would seem a great resource, a resource recommending:

1] Build physical exercise into the daily routine:

A] Walk instead of drive when that is a practical option

B] Set aside time each day for exercise

C] Use stairs instead of elevator

D] Plant a garden and tend it

E] Take exercise class

F] If access to pool or beach, use it

G] Do a sport that requires moderate physical exertion, e.g., tennis

2] Mediterranean diet.

On the Goldwater Rule, Sally Satel, WSJ, 17 Jan 2018 makes a number of points as to why mental health professionals should adhere to the Goldwater Rule. A summary paragraph:

“Psychiatrists would be alarmed if mental illness were considered an unconditional bar to public service. They should also worry when their colleagues promote stereotypes that equate mental illness with dangerousness. Most mentally ill people are not violent. Whatever one thinks of Mr. Trump, his actions and words are on display for all to see. The public doesn’t need experts to interpret them.”

A huge challenge is how to advise parents on when and under what conditions to give their children access to handheld devices. WSJ, 13-14 Jan, detailed the problem but suggested there was no consensus yet. Shareholders of Apple have asked the firm to step in and help solve the problem. Maybe one or both APAs should volunteer to participate in such an effort with Apple.

On the next page, the Montreal Cognitive Assessment. On the first task, one draws a line from number to the appropriate letter then to the next number and so forth until one has connected all the letters with the appropriate number, nine lines in all.

Roger A.

[Sentinel 186 - Form](#)