

Everyone,

NY Times, 25 June 2018, page D5, “A Road Map Out of Loneliness,” says a feeling of loneliness is most prominent in the age group, 18-24 years. Article says that loneliness negative effects on health “match those of obesity, alcohol abuse, and smoking 15 cigarettes a day, raising the risk of early death by 30 percent.” If needing a code when treating someone with loneliness, “Loneliness R45.89” [not in DSM-5].

If a patient asks if acupuncture will be of help, what to say? Forty-four years ago, when doing acupuncture at St Es, I would try to distance critics by saying that I thought needles sticking was probably using medicine’s oldest treatment, the placebo. The research was weak as to control studies.

I am surprised to read it is still weak. A recent review concludes, “the reduction in severity of depression with acupuncture given alone or in conjunction with medication versus medication alone is uncertain owing to the very low quality of evidence. The effect of acupuncture compared with psychological therapy is unclear. The risk of adverse events with acupuncture is also unclear, as most trials did not report adverse events adequately [[Cochrane Database Syst Rev. 2018 Mar 4;3:CD004046](#)].

This month’s Amer J. Geriatric Psychiatry:

1] The experience of widowhood in later life is associated with cognitive decline.

[Another study found that doing two hours or more of volunteer work each week decreased sense of loneliness.]

2] Age-related hearing loss is associated with depression in later life.

Message from APA Past-President Harold Eist, correcting Sentinel CCIX:

“Roger; Regularly read your sentinels and often learn from them. However, I have concerns about your remarks regarding benzodiazepines. I find them to be the best medications for the acute treatment of Panic Disorder. Recently there was an excellent section in Psych Times dealing with the use of Benzodiazepines written by George Dawson. It was fair, balanced, and fearless. Currently it seems if some, if not most, of our colleagues have bought into the risks and hazards of benzodiazepines which have been substantially exaggerated. Nowadays Panic Disorder patients are started on tricyclics which are slow to begin functioning and often require additional benzos to quell panic. In my experience Benzodiazepines are the best anxiety breakers. Best, HIE”

From Screen-Use Disorder Desk:

1] In September, Apple is due to release an app, called Screen Time, that will help set time limits on screen use.

2] June 25th, WS Journal, “Is Screen Time Bad for Children’s Mental Health?” suggests there are qualitative issues and quantitative issues.

A] Some studies show that use beyond two hours a day of free time, especially beyond four hours, is associated with unhappiness in teens.

B] We don’t know if the unhappy are inclined to use more screen time or whether more screen time causes unhappiness.

C] One interviewee concluded that it is wise to have less than two hours of leisure time spent on the screen and shut down at least 30 minutes before bedtime.

From Lakphy Desk:

1] July AJP, page 631, “Available evidence supports the notion that physical activity can confer protection against the emergence of depression regardless of age and geographic region.” Report was not able to conclude what was an optimal “dosage” of physical activity.

2] June, Psychiatric Times, page 1: “Handgrip is a simple proxy for muscular strength and a clinically useful measure of muscular function. A weaker handgrip strength is associated with poorer quality of life, increased mortality, and poorer cognition – including cognitive decline – in aging populations.”

Roger