

Folks,

Do we psychiatrists make people in the County uncomfortable if we sit next to them? I am unaware of any survey, but it is disturbing to read that in London, a survey found 47% would be uncomfortable sitting next to a psychiatrist at a party! Of course, in this County, we have more sophisticated people than London. I find some not only want to sit next to us, but want to know what medication they should be taking after listing their symptoms.

Unintended overdose death jumped 18% in the County from 2014 to 2015, and the jump in the state was 21%. Heroin remains the major problem. Surprise to me: 71% of the deaths were women.

As we said in Sentinel #94, the Goldwater Rule is taking a beating this year. We should have pointed out that an unfortunate assumption in the media is that any history of a mental disorder should disqualify someone from being President. However, NAMI claims that Lincoln had three episodes of MDD, the third during the war. Maybe the media should concentrate on the behaviors, not diagnose a mental disorder?

Relative to prescribing antipsychotics to women who are pregnant, the headline “Antipsychotic use early in pregnancy does not appear to increase risk of birth defects” [JAMA Psychiatry]. Small print: “after controlling for potential confounding by mental and physical comorbid conditions and their associated behaviors, these risks are 1.05 and 0.90 for atypical antipsychotic and typical antipsychotic exposure, respectively.” “Additional analysis revealed that women taking risperidone were 26% more likely than women not taking antipsychotics to give birth to an infant with a birth defect.” Let’s see what the FDA makes of this as to any warning we should give to patients.

You may have seen a report that female physicians earn \$34,126 more less male physicians – with quite a difference from medical specialty to medical specialty. Thirteen medical specialties were reviewed, but not psychiatry.

There has been increased publicity about diabulimia, = an eating disorder in which people with type 1 diabetes deliberately give themselves less insulin than they need for the purpose of weight loss -- sometimes an approach to suicide. There is some uncertainty about coding. I suggest: “F50.8 diabulimia.” .

Two recent articles as to etiology in the DSM create confusion:

1] “Mental disorders of known etiology and precision medicine in psychiatry: a promising but neglected alliance” [June’s Psychological Medicine] suggests that when an etiology is found, psychiatry loses it to another field. Far from true as at least 40% of DSM-5 has a known etiology – and those conditions have not been lost to another medical specialty.

2] In World Psychiatry journal earlier this year, an article suggesting that this loss of etiological agents has already occurred, "Should psychiatry deal only with mental disorders without an identified medical etiology?" Implied is that DSM-5 let Fragile X, for example, leave. Not true, as DSM-5, page 33, suggests that, as an example:

Fragile X chromosome with moderate intellectual disability [Q99.2, F71]

DSM-5 could have been more helpful, however, in providing more names and codes, so here are a couple more you will find when doing a search "ICD-10-CM" and naming the disorder:

Rett, F84.2

Tuberous sclerosis, Q85.1

From the lakphy desk: A healthy diet and regular exercise might be the keys to keeping your brain free of changes that lead to Alzheimer's disease, a small study suggests [yesterdays' Healthday].

Roger