This issue marks the twenty-ninth installment consolidating recent clinical updates, mental health policy news, popular press news patients may be reading, and changes in the landscape of psychiatry in Wisconsin.

OF GENERAL INTEREST

Mental Illness Not Linked to Mass Shootings:
In the aftermath of back to back mass shootings in El Paso and Dayton, multiple new sources reported on evidence that most individuals suffering from mental illness are not violent and are more likely to be the victims of violent crime rather than the perpetrators of it. As appearing in the APA Headlines of 8/6/2019:

The Washington Post (8/5, Wan, Bever) reports that according to research, mental illness is not to blame for America’s mass shootings. In a 2018 report of active shooters, the FBI “found that 25 percent of active shooters had been diagnosed with a mental illness. And of those diagnosed, only three shooters had been diagnosed with a psychotic disorder.” Similarly, “in a 2015 study that examined 235 people who committed or tried to commit mass killings, only 22 percent could be considered” as having a mental illness. In addition, “a 2004 report conducted by the Secret Service and the Education Department found that only 12 percent of perpetrators in more than three dozen school shootings showed an interest in violent video games.”

The AP (8/5, Johnson) reports experts say that “Trump’s focus on ‘mentally ill monsters’ oversimplifies the role of mental illness in public mass shootings and downplays the ease with which Americans can get firearms, experts said.” Mental health experts “repeated what they have said after previous mass shootings: Most people with mental illness are not violent, they are far more likely to be victims of violent crime than perpetrators, and access to firearms is a big part of the problem.” The AP adds that “a country’s rate of gun ownership is a far better predictor of public mass shootings than indicators of mental illness, said Adam Lankford, a University of Alabama criminologist who published a 2016 analysis of data from 171 countries.” Meanwhile, “last month, the U.S. Secret Service released a report on mass public attacks in 2018, finding that ‘no single profile’ can be used ‘to predict who will engage in targeted violence’ and ‘mental illness, alone, is not a risk factor’.”

TIME (8/5) reports that physicians “across specialties are growing increasingly frustrated by” the linkage of mass shootings and mental illness by public figures and are “arguing for a stronger focus on gun control over mental health.” As a result of studies failing to find a link between mental illness and mass shootings, “an increasingly large and vocal cadre of doctors has been arguing for years that gun violence is more an issue of access and regulation than it is mental health.”

The Hill (8/5, Weixel) reports that “the country’s largest organization of psychiatrists on Monday pushed back against comments from politicians linking the most recent spate of mass shootings to mental illness.” In a statement, “the American Psychiatric Association (APA) said gun violence is a public health crisis and noted that ‘the overwhelming majority of people with mental illness are not violent and far more likely to be victims of violent crime than perpetrators of violence.’” The APA said, “Rhetoric that argues otherwise will further stigmatize and interfere with people accessing needed treatment. Individuals can also be emboldened to act violently by the public discourse and divisive rhetoric.”
Trump Administration Gags Health and Human Services?
In relation to the above, the Washington Post (Abutaleb and Wan, 8/20/2019, [LINK]) reported that:

A Health and Human Services directive on Aug. 5 warned communication staffers not to post anything on social media related to mental health, violence and mass shootings without prior approval. That alarmed some government mental health experts who said they felt muzzled at a moment when many Americans were searching for answers to the U.S. epidemic of mass shootings, said three agency employees.

Marijuana Legalization May Reduce Teen Youth:
An analysis of marijuana legalization and teen use as reported in the annual Youth Risk Behavior Survey (YRBS) from 1993 to 2017 was published in JAMA Pediatrics (Anderson et al, [LINK]). The authors used multivariate logistical regression to compare likelihood of marijuana use in the past 30 days (as well as frequent use as defined as 10 or more times in the past 30 days) to marijuana legalization, both recreational and medical. They found:

Consistent with the results of previous researchers, there was no evidence that the legalization of medical marijuana encourages marijuana use among youth. Moreover, the estimates reported in the Table showed that marijuana use among youth may actually decline after legalization for recreational purposes. This latter result is consistent with findings by Dilley et al and with the argument that it is more difficult for teenagers to obtain marijuana as drug dealers are replaced by licensed dispensaries that require proof of age.

One in 20 Experience Preventable Harm:
In a meta-analysis of observational studies, authors Panagioti et al (BMJ [LINK]) found 70 of 7313 studies met the critical appraisal of two reviewers. The studies involved 337,025 patients. The pooled prevalence for preventable patient harm was 6%. A pool proportion of 12% of preventable harm was severe or led to patient death.

Inadequate Social Needs Screening:
A study of physician practices and hospitals found that most do not fully screen for primary social needs, namely: food security, housing security, utilities, transportation and interpersonal violence (Fraze et al., JAMA Network Open, [LINK]).

REM Sleep and Forgetting:
In a paper published in Science (Izawa et al., [LINK]) authors studied a paradox in which REM-Sleep activated hypothalamic melanin-concentrating hormone (MCH) producing neurons (which project to the hippocampus) impair memory when activated and improve memory when ablated. According to their abstract:

The neural mechanisms underlying memory regulation during sleep are not yet fully understood. We found that melanin concentrating hormone–producing neurons (MCH neurons) in the hypothalamus actively contribute to forgetting in rapid eye movement (REM) sleep. Hypothalamic MCH neurons densely innervated the dorsal hippocampus. Activation or inhibition of MCH neurons impaired or improved hippocampus-dependent memory, respectively. Activation of MCH nerve terminals in vitro reduced firing of hippocampal pyramidal neurons by increasing inhibitory inputs. Wake- and REM sleep–active MCH neurons were distinct populations that were randomly distributed in the hypothalamus. REM sleep state–dependent inhibition of MCH neurons impaired hippocampus-dependent memory without affecting sleep architecture or quality. REM sleep–active MCH neurons in the hypothalamus are thus involved in active forgetting in the hippocampus.
**CLINICAL PSYCHIATRY IN THE NEWS, IN BRIEF**

**Gabapentinoids, Suicide and Injury:**
A population-based cohort study published in The BMJ (Molero et al, [LINK](#)) studied 191,973 people from the Swedish Prescribed Drug Register who collected prescriptions for gabapentinoids (pregabalin or gabapentin) during 2006 to 2013. Participants served as their own controls. They found:

- an increased risk of suicidal behaviour, unintentional overdoses, head/body injuries, and road traffic incidents and offences. Pregabalin was associated with higher hazards of these outcomes than gabapentin.

**Reversal on Reserving SSRIs for Severe Depression:**
Calling into question previous med analyses which suggested that SSRIs are ineffective for all but severe depression, a recent Lancet Psychiatry article (Hieronymus et al. [LINK](#)) blames the analysis. As reported in 7/18/2019 APA Communications:

-Medscape (7/17, Brooks, Subscription Publication) reports, “The alleged lack of efficacy for selective serotonin reuptake inhibitors (SSRIs) in mild to moderate depression may be due to flawed analyses, rather than pharmacology,” researchers concluded after conducting “an item-based, patient-level, post-hoc analysis of pooled data from 8,262 adults with major depression from 28 acute-phase, placebo-controlled HDRS-based trials of three SSRIs – citalopram, paroxetine, and sertraline.” Not only does the analysis not “support restricting SSRIs to patients with severe depression,” but it “also highlights the importance of reconsidering how depression rating scales are used to define depression severity and assess treatment response as well as interpreting group-level meta-analyses with caution, the investigators note.” The findings were published online July 11 in The Lancet Psychiatry. The author of an accompanying comment “notes the study ‘opens up some fundamental questions. What is depression? How can we measure it most adequately and appropriately? And what do we mean to treat when we treat people with depression?’”

**Meta-Analysis Comparing Antipsychotics:**
A research group sought to create a prescribing guideline for antipsychotic selection in the treatment of schizophrenia using a network meta-analysis of head to head and placebo controlled trials in 32 antipsychotics (Hahn et al, The Lancet [LINK](#)). They:

- identified 54,417 citations and included 402 studies with data for 53,463 participants. Effect size estimates suggested all antipsychotics reduced overall symptoms more than placebo (although not statistically significant for six drugs), with standardised mean differences ranging from −0.89 (95% CrI −1.08 to −0.71) for clozapine to −0.03 (−0.59 to 0.52) for levomepromazine (40,815 participants).

They concluded:

There are some efficacy differences between antipsychotics, but most of them are gradual rather than discrete. Differences in side-effects are more marked. These findings will aid clinicians in balancing risks versus benefits of those drugs available in their countries. They should consider the importance of each outcome, the patients' medical problems, and preferences.
Youths with ADHD Treated Off Label with Antipsychotics:
In an article appearing in JAMA Network Open (Sultan et al., [LINK]) researchers found:
In this cohort study of 187,563 commercially insured youths with new episodes of attention-deficit/hyperactivity disorder, 2.3% were treated with an antipsychotic medication, among whom 52.7% had a potential clinical diagnostic rationale for antipsychotic treatment. Factors for antipsychotic medication use included older patient age, male sex, recent inpatient and other pharmacologic mental health treatments, self-harm/suicidal ideation; and oppositional defiant, substance use, depressive, and anxiety disorders.

Methylphenidate Alters Brain Development in Boys:
Published in Radiology (Bouziane et al., [LINK]) a randomized controlled trial demonstrated that:
Four months of treatment with methylphenidate affects specific tracts in brain white matter in boys with attention-deficit/hyperactivity disorder. These effects seem to be age dependent, because they were not observed in adults treated with methylphenidate.

GABA A Receptor Modulator Promising for MDD:
A Randomized double blind phase 2 placebo controlled trial involving 89 patients was published in the New England Journal of Medicine (Gunduz-Bruce et al [LINK]). The study examined the efficacy and safety of SAGE-217, an oral, positive allosteric modulator of GABA type A receptor, in the treatment of major depressive disorder. Authors reported significant reduction in depressive symptoms by day 15 of treatment.

Body Fat and Stature Correlate with Depression:
Speed et al (Translational Psychiatry [LINK]) published a Mendelian randomization study of the association between fat mass, nonfat mass, height, and depression using genome-wide association study results from the U.K. Biobank (n = 332,000) and the Psychiatric Genomics Consortium (n = 480,000). Their findings suggested that fat mass and stature, but not non-fat mass, were causal risk factors in developing depression.

MENTAL HEALTH IN THE POPULAR PRESS

FDA Warning Gene Testing Companies:
According to an article at STAT (8/28/2019, Robbins, [LINK]):
Amid a boom in genetic testing that aims to predict a person’s response to medication, the Food and Drug Administration has been quietly pressuring a handful of companies to stop reporting results to patients about how their genes may interact with specific drugs.
The agency’s concern? That unsupported claims about gene-drug links could be dangerous, if they spur patients to start, stop, or switch medications in ways that aren’t appropriate.

Long Term Risks of Antidepressants?
The Wall Street Journal (8/28/2019, Petersen, [LINK]) reported that physicians are becoming concerned that taking antidepressants may be put patients at risk for unnecessary side effects and other risks over time. Research indicated that people taking such medications were at a 14 percent higher risk of strokes and heart attacks, and a 33 percent higher risk of death.
MENTAL HEALTH POLICY

New Hampshire Cuts ER Boarding Times:
Using bipartisan legislation and creation of mobile mental health crisis teams, the state of New Hampshire has significantly reduced ER housing of psychiatric patients looking for psychiatric Beds. As reported in the July 26 APA Communications:

The AP (7/25, Ramer) reports that recent efforts on by part of New Hampshire “to reduce the number of patients waiting for days or sometimes weeks in emergency” departments (EDs) “for inpatient psychiatric care appear to be paying off.” Data gathered by the New Hampshire chapter of the National Alliance on Mental Illness “show a steady drop in the number of such patients over the last six months.” The decrease in such patients has come after the passage of bipartisan legislation to address the problem, as well as “funding for mobile crisis teams, designated receiving beds for patients in mental health crises and supported housing for those leaving the state mental health hospital.”

Statewide Mental Health Lines Increase Access:
Appearing in the APA Headlines of 7/31/2019:

Medscape (7/30, Vlessides, Subscription Publication) reports, “Children who live in areas that offer statewide child psychiatric telephone consultation programs are significantly more likely to receive mental health services than their counterparts who live in states without such programs,” researchers concluded after using “weighted information on 245,512 children and adolescents (aged five to 17 years) from 2003, 2007, 2011, and 2016 to identify those who received mental health services.” The study revealed that “compared to 2003, children in 2016 were 37% more likely to receive mental health services.” The findings were published online June 27 in the Journal of the American Academy of Child and Adolescent Psychiatry.

Proposed Changes to HIPPA on SUDS:
According to an APA Psychiatric News Alert (8/26/2019 LINK) a group of nearly 50 health care organizations, including the APA, welcome proposed changes to confidentiality laws easing the ability for general medical care and substance use disorder treatment communication. These changes would still require patient consent for shared information.