

PSYCHIATRIC SUMMARY XXVII

Winter 2019

By Frederick Langheim, MD, PhD

This issue marks the twenty-seventh 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

Psychiatric Boarding in ERs:

In an opinion article written by Anne Zink MD, medical director for emergency medicine in Palmer Alaska (appeared in STAT, 10/18/2018, [LINK](#)) the author laments the steady reduction in psychiatric hospital beds and pace of psychiatric need outstripping access to psychiatric providers, resulting in jails and prisons being among the largest providers of psychiatric care in the nation.

20/72 WI Counties Have No Psychiatrist:

In an AP release put forward through Channel 3000 ([LINK](#)) 20 of the states 72 counties have no practicing psychiatrist and multiple counties share a psychiatrist. The data came from a report ([LINK](#)) published by the Wisconsin Policy Forum.

Massive Behavioral Health Strike:

As appeared in the 12/11/2018 APA Communication:

[USA Today](#) (12/7, Dastagir) reported, "Thousands of psychologists, therapists, social workers and psychiatric nurses will begin a five-day strike Monday against Kaiser Permanente at more than 100 facilities across California." The mental health professionals are "demanding one of the nation's largest non-profit HMOs devote more resources to mental health services." The strike is being organized by the National Union of Healthcare Workers.

[The Hill](#) (12/7, Rodrigo) reported that about 4,000 people are set to strike

Physician Burnout = Public Health Crisis:

In an article appearing in the Boston Globe (1/17/19, [LINK](#)), journalist McCluskey wrote on a report from the Massachusetts Medical Society, the Massachusetts Health & Hospital Association, and the Harvard T.H. Chan School of Public Health. According to the article the report:

urges hospitals and medical practices to take immediate action by putting senior executives in charge of physician well-being and by giving doctors better access to mental health services. The report also calls for significant changes to make health record systems more user-friendly.

Likewise, in a physician survey of over 15,000 providers in 29 specialties gathered and published at Medscape (Kane, [LINK](#)) 44% of respondents reported being burned out, 11% colloquially depressed and 4% reported being clinically depressed.

CLINICAL PSYCHIATRY IN THE NEWS, IN BRIEF

SSRIs May Block β -Amyloid Aggregation:

According to research published in ACS Chemical Neuroscience (Tin et. al., [LINK](#)) fluoxetine, paroxetine and sertraline all appear to block the aggregation of A β 42 as revealed by transmission electron microscopy, dot-blot, and NMR techniques.

SSRI Potentiation Explored:

In research presented at the European College of Neuropsychopharmacology Congress, Liam Davenport (Medscape 10/19/2018 [LINK](#)) reported on work led by Igor Branchi, PhD. Dr. Branchi explored the hypothesis that SSRIs may not "affect mood per se but [may amplify] the influence of living conditions on mood." That is to say, and unhealthy environment that is not mutable risks a worsening of

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depression when SSRIs are used, well they can potentiate the benefits of behavioral change facilitated through psychotherapy. In fact:

Results showed that the impact of the living environment on mood increased with increasing cumulative doses of citalopram, at an r value of 0.88 ($P = .0000143$), a finding that was highly significant.

ICU Stays May Lead to Mental Illness:

In a postal survey of 13,155 ICU survivors, Hatch et al (Critical care, [LINK](#)) found:

Over half of those who respond to postal questionnaire following treatment on ICU in the UK reported significant symptoms of anxiety, depression or PTSD. When symptoms of one psychological disorder are present, there is a 65% chance they will co-occur with symptoms of one of the other two disorders. Depression following critical illness is associated with an increased mortality risk in the first 2 years following discharge from ICU.

Parental EtOH, Paternal Mental Illness, Child Well-being:

In a prospective study of over 8000 children appearing in JAMA pediatrics, Lund et al ([LINK](#)) reported that parental drinking behaviors and paternal mental illness dramatically increase the chances of a depression and anxiety in children:

Of the 8773 included children, 4404 (50.2%) were boys, and the mean (SD) age at the time of participation in the Nord-Trøndelag Health Study was 16.1 (1.8) years. Prevalence of anxiety and/or depression, as evidenced in at least 1 registry record, was 24.3% (2132 of 8773). Early parental risk profiles risks marked by (1) the lowest parental education (adjusted relative risk, 1.13; 95% CI, 1.01-1.25) and (2) elevated drinking in both parents and elevated mental health symptoms in fathers (adjusted relative risk, 1.52; 95% CI, 1.03-2.22) were associated with a significant increase in risk of anxiety and/or depression in children from those families compared with children from no-risk families.

MENTAL HEALTH IN THE POPULAR PRESS

1:40 with Autism in US:

As reported in the 11/26/2018 APA Communications:

The [AP](#) (11/26, Tanner) reports US government estimates suggest that one in 40 children have autism, but that “doesn’t necessarily mean the numbers are rising.” Instead, that number is “higher than a different survey’s estimate published earlier this year” because “the surveys use different methods and measure different populations of kids so the results aren’t really comparable.” The new estimate appeared in the journal Pediatrics on Monday and “is from one of three periodic surveys the government uses to assess autism rates.” Lead author Michael Kogan said, “All three contribute different information to form a fuller picture.” The newest report was “conducted by the U.S. Health Resources & Services Administration.”

Psychiatric Advance Directives:

Appearing front page just below the fold in the December 4th New York Times (Belluck, [LINK](#)) The author writes regarding a legal document allowing patients to pre-state their preferences with respect to psychiatric care. These documents may request discharge when no longer a threat given past experience of exacerbation of suicidal thoughts through prolonged hospitalization, designate family members as proxy decision makers when a patient is impaired by their mental illness, or caution paradoxical responses to sedatives or anxiolytics.

MENTAL HEALTH POLICY

US Suicides Up; Down Elsewhere:

According to the 11/26/2018 APA Communications:

[The Economist](#) (11/24) reported that around the world, the suicidal “rate has fallen by 38% from its peak in 1994.” Consequently, “over 4m lives have been saved – more than four times as many people as were killed in combat over the period.” Interestingly, this “decline has happened at different rates and different times in different parts of the world.” The exception is the US, where the suicide rate “has risen by 17% to 12.8 – well above China’s current rate of seven.”

In a separate but related article, [The Economist](#) (11/24) reported the rising US suicide rate “is largely among white, middle-aged, poorly educated men in areas that were left behind by booms and crushed by busts.” The US, “in particular, could spare much pain by learning from the progress elsewhere” to reduce suicide rates, including “better health services, labour-market policies and curbs on booze, guns, pesticide and” medications

Acute Impairments in Cannabis Use:

In a small within subject double blind crossover study of 17 healthy subject, Spindle et al (JAMA Network Open, [LINK](#)) sought to evaluate the acute dose effects of smoked and vaporized cannabis using controlled administration methods, finding:

Inhalation of cannabis containing 10 mg of THC produced discriminative drug effects (mean [SD] ratings on a 100-point visual analog scale, smoked: 46 [26]; vaporized: 69 [26]) and modest impairment of cognitive functioning. The 25-mg dose produced significant drug effects (mean [SD] ratings, smoked: 66 [29]; vaporized: 78 [24]), increased incidence of adverse effects, and pronounced impairment of cognitive and psychomotor ability (eg, significant decreased task performance compared with placebo in vaporized conditions). Vaporized cannabis resulted in qualitatively stronger drug effects for most pharmacodynamic outcomes and higher peak concentrations of THC in blood, compared with equal doses of smoked cannabis (25-mg dose: smoked, 10.2 ng/mL; vaporized, 14.4 ng/mL). Blood THC concentrations and heart rate peaked within 30 minutes after cannabis administration and returned to baseline within 3 to 4 hours. Several subjective drug effects and observed cognitive and psychomotor impairments persisted for up to 6 hours on average.

These results have implications for clinical as well as regulatory implications, particularly surrounding impaired driving and decision-making.

ECT Reclassification:

Following recommendations of the APA, the FDA issued a final order to downgrade the risk of electroconvulsive therapy in certain uses, expanding access to this safe and effective treatment [LINK](#).

Gun Inquiry Requirement?

As reported in the January 11th APA Communication:

The [Boston Globe](#) (1/10, McCluskey, Valencia) reports Boston Mayor Martin J. Walsh plans to ask Massachusetts state legislators to introduce legislation that would require physicians “to ask patients about guns in their homes to help identify risks of suicide and domestic violence.” Dr. Alain A. Chaoui, the president of the Massachusetts Medical Society, issued a statement saying that “when appropriate, a physician, as part of a detailed conversation about medical history, has a right and responsibility to speak with patients about gun ownership, storage, and safety.”