PREFACE

I was delighted to be invited to guest edit an issue of Medical Clinics of North America on Advances in Pathophysiology and Treatment of Psychiatric Disorders. Several new findings have strongly supported the realization among clinicians that most patients with mood and anxiety disorders are treated, not by psychiatrists and mental health professionals, but by primary care physicians, specialists in internal medicine, and gynecologists. Many of these nonpsychiatric physicians have had little formal training in the recognition and treatment of psychiatric disorders, particularly in view of the rapid change in the landscape that has occurred in psychiatry over the last two decades. The fact that psychiatric disorders are common and associated with considerable morbidity and mortality demands that state-of-the-art methods of assessment and treatment be communicated to those physicians who will see most of these patients. The fact that mood and anxiety disorders are common has repeatedly been demonstrated by large scale epidemiological studies, including the Epidemiological Catchment Area study, which is now more than 20 years old, and the National Co-Morbidity Study. The latter, for example, has demonstrated that the lifetime prevalence of major depression in the United States is more than 17%, with higher rates in women than in men. The Global Burden of Disease Report, a collaboration between the Harvard School of Public Health and the World Health Organization, has unequivocally demonstrated that depression will be the number one cause of morbidity in the developing world in the next century. The increasing evidence that depression is an independent risk factor for cardiovascular disease and stroke further highlights the importance for all physicians to understand these disorders but especially those in internal medicine and primary care.

No less common as a group are the anxiety disorders, including panic disorder, generalized anxiety disorder, social anxiety disorder, and post-traumatic stress disorder. Because physicians see patients with a wide variety of psychiatric symptoms and because there is clear evidence that the most severe of the psychiatric disorders, schizophrenia, unipolar depression, and bipolar
disorder, are best managed if diagnosed early in their course, we have included articles on all of these disorders. It is not our expectation that every internist would manage on a routine basis, patients with these disorders, but they must be familiar with them in terms of diagnosis especially because they will undoubtedly manage the medical disorders that occur in these patients. The other common psychiatric disorders reviewed include attention-deficit/hyperactivity disorder (ADHD), alcohol and substance abuse, and Alzheimer's disease and related dementias.

Articles on personality disorders are included because patients who suffer from these disorders inordinately use medical services, and for that reason alone, practitioners should be aware of how to identify and manage them. In addition, we believed it was important to include a section on obsessive-compulsive disorder and the related tic syndromes because they are too frequently not discussed in psychiatric or internal medicine settings.

It was important to inform the readers about the role of psychotherapy in treating psychiatric disorders and in scrutinizing the delivery of psychiatric services from a health services perspective. It is my hope that through this issue, the reader will come to understand that, like diabetes and congestive heart failure, each of the psychiatric disorders has a genetics, pathophysiology, psychology, and pharmacology. Technological advances, most prominently functional brain imaging and genomics, will likely result in major breakthroughs in the diagnosis of psychiatric disorders and perhaps, even prediction of treatment response. This will go a long way towards bringing psychiatry back where it belongs in the mainstream of medicine. I believe I have assembled a stellar group who represent the leaders in the field and stand at the cutting edge of research into the biology, psychopharmacology, and psychotherapy of these disorders, and many were involved in establishing the modern diagnostic criteria for the clinical entities described. Any shortcomings in this issue are, of course, my own responsibility and in spite of these, I truly believe this issue to be a concise state-of-the-art treatise on this subject. The readers, of course, will be the final judge of whether we have achieved our goals.

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