



Preface

Management of Psychiatric Disorders and Suicidal Behavior in the Twenty-First Century



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Editor

Over the past decades, diagnosis and treatment of psychiatric disorders have advanced enormously. Scientific achievements, including advances in biochemistry and neuroimaging, led to the development of new methods of diagnosis and treatment of mental illnesses. Effective medications offer opportunities for individuals with psychiatric disorders to lead full and fruitful lives. Today is definitely the best time in human history for patients and families who face mental disorders. The recognition of the global importance of psychiatric disorders has put mental health firmly on the international public health agenda. However, there are significant problems regarding the care of psychiatric patients.

According to the US National Institute of Mental Health, nearly one-fifth of adults in the United States have a psychiatric disorder. Providing care for the population of patients with psychiatric conditions in the United States is challenging and likely to become even more problematic in the near future. According to a 2017 New American Economy Report, more than 60% of all counties in the United States, including 80% of all rural counties, do not have a single psychiatrist. Therefore, non-mental-health medical professionals need to treat psychiatric conditions. Diagnosis and treatment of psychiatric disorders and suicide prevention interventions are relevant to all clinicians.

The increasing prevalence of comorbid psychiatric and physical disorders is an issue of great concern. I care for hospitalized patients with psychiatric disorders, and each day I encounter patients with the simultaneous presence of psychiatric and physical illnesses. This comorbidity frequently worsens the prognosis of all the diseases. For example, when depression occurs in people with diabetes, their blood sugar control gets much worse. Patients with comorbid depression and diabetes

tend to have higher blood glucose readings, worse insulin resistance, and higher rates of diabetes complications, such as blood vessel damage. The collaboration between psychiatrists and nonpsychiatric physicians is vital for effective management of comorbid psychiatric and physical disorders, and suicide prevention.

Suicidal behavior remains a major medical and public health issue. Primary care physicians and other nonpsychiatrists may play an important role in suicide prevention efforts. Studies of individuals who died by suicide found that most persons had a health care visit in the year prior to the death, and about half of them made a health care visit within 1 month of the death, frequently to a primary care clinic. It is important to educate non-mental-health medical professionals how to identify individuals who may be at risk for suicide. Also, educating nonpsychiatric physicians to better diagnose and treat major depression and other psychiatric disorders may prevent suicides and nonfatal suicide attempts.

This issue of *Medical Clinics of North America* is dedicated to Clinical Psychiatry. The authors have put together a collection of scholarly articles discussing different aspects of contemporary psychiatry. I hope that the articles in this issue of *Medical Clinics of North America* will be helpful for all medical professionals and promote intellectual debates.

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