

Overview

I was delighted to be asked to serve as Guest Editor of a special issue of *clinical CORNERSTONE*® devoted to office psychiatry. I was fortunate in persuading leaders in the field of diagnosis and treatment of psychiatric disorders to prepare topical reviews of a very practical nature for practitioners in the community. Thus, we focus on assessment of patients with psychiatric symptoms, treating depression in the primary care setting, the special problems associated with assessing psychiatric problems in the elderly, treatment of anxiety disorders in the primary care setting, and finally, the most often problematic and difficult issue, the approach to the suicidal patient.

Psychiatric disorders are extraordinarily common and the vast majority of patients with them are seen by nonpsychiatric physicians. Thus, major depression has a lifetime prevalence rate of 17.1% in the United States, with a higher percentage in women than in men. Anxiety disorders, including generalized anxiety disorder, social anxiety disorder, panic disorder, as well as posttraumatic stress disorder all exhibit remarkably high lifetime prevalence rates. Because of stigma associated with seeking psychiatric care, the forces of managed care that restrict access to psychiatric care, and the sheer numbers of patients with these syndromes, the bulk of diagnosis and treatment falls on primary care physicians, particularly family physicians, internists, and gynecologists. Suicide remains the eighth leading cause of death in the United States with > 32,000 victims per year. In fact, it currently accounts for more deaths per year in this country than HIV infection.

Therefore, recognition of the signs and symptoms of impending suicide, largely associated with untreated or partially treated psychiatric syndromes, is important for the primary care physician.

Finally, and perhaps most importantly, is the realization that these major psychiatric disorders, namely the mood and anxiety disorders, are eminently treatable. The availability of an entire new generation of antidepressant medications with a side-effect profile remarkably benign compared with the older tricyclic antidepressants coupled with an increased understanding of the recurrent nature of these disorders has led to long-term treatment of them. Indeed, most patients are responders to antidepressants and many achieve complete remission. It is likely that the future will bring more effective antidepressants and anxiolytics with even more tolerable side-effect profiles, and a better understanding of the burgeoning literature that suggests that depression is a significant risk factor for the development of cardiovascular disease, stroke, and perhaps even neoplastic disease.

It is not surprising that a number of studies have recently demonstrated that treatment of depression results in vast savings to health care systems due to the marked reduction in utilization of medical services by treated depressed patients. I hope these summaries provide practical information to the busy practitioner.

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