

Introduction

The majority of patients with psychiatric illnesses first present in the primary care setting. The movement of health care delivery in the United States toward a system of greater managed care has shifted a greater share of the responsibility for the care of these patients from specialists to primary care practitioners. Clinicians must therefore be thoroughly prepared for the challenge of evaluating and treating psychiatric disorders. The objectives of this issue of *clinical CORNERSTONE*[®] are to prepare the primary care practitioner to recognize and diagnose psychiatric illnesses likely to be seen in general and geriatric populations and to evaluate and treat 3 important psychiatric conditions seen in these populations: generalized anxiety disorder, depression, and suicidality.

Busy practitioners must be proficient at accurately—and quickly—recognizing psychiatric disorders. In their contribution, Jeffrey P. Staab, MD, MS, and Dwight L. Evans, MD, describe an efficient, streamlined diagnostic method for the rapid detection of 5 psychiatric conditions frequently encountered in primary care: depression, anxiety, stress reactions, substance abuse, and cognitive impairment. This 2-step method, consisting of carefully targeted screening questions followed by a disorder-specific confirmatory evaluation, is easily incorporated into the primary care routine and requires only a few minutes of the clinician's time while strongly correlating with formal psychiatric evaluations.

Seventeen percent of Americans will have a major depression in their lifetimes, yet this highly treatable disorder is too often underdiagnosed. As Michael T. Compton, MD, and Charles B. Nemeroff, MD, PhD, point out in their article on the evaluation and treatment of depression, primary care practitioners can play a vital role in reducing the significant personal, social, physical, and economic burdens of depression. To that end, the authors review the clinical evaluation of depressive symptoms and discuss the

various therapies available for effecting the primary goal of treatment: full remission of all symptoms.

Assessing psychiatric illness in the geriatric patient requires a special set of skills, and Larry Tune, MD, provides valuable guidance on the detection of 3 of the most common psychiatric syndromes in this population: dementia, depression, and delirium. Dr. Tune first describes the factors that make psychiatric diagnoses particularly difficult in these patients; these factors include significant comorbidity, atypical symptomatic phenomenology, and physician reluctance to “stigmatize” their elderly patients. He then recommends a methodology that integrates our knowledge about the prevalence and clinical features of these syndromes into an assessment technique for the busy clinical practice serving its elderly patients.

Jack M. Gorman, MD, offers an excellent review of the management of generalized anxiety disorder, or GAD. Recognized formally only 20 years ago, GAD is now acknowledged as a significant psychiatric illness more common than panic disorder. Frequently encountered in primary care practice—indeed, primary care practitioners should expect to see the disorder more often than psychiatrists—GAD is straightforward to treat but can pose a challenge to diagnose. Dr. Gorman carefully describes several key symptomatic presentations of GAD and offers advice on issues of comorbidity and differential diagnosis. He also provides an overview of available treatments and a useful strategy for their successful use.

In the final article, Linda M. Nicholas, MD, MS, and Robert N. Golden, MD, present a management strategy for a life-threatening psychiatric disorder seen in primary care practice—the suicidal patient. Seventy percent of persons who commit suicide visit their primary care physician within 6 weeks of death. It is thus incumbent that primary care practitioners

become well-versed in the principles of care outlined by the authors: recognize the patient at risk for suicide, gauge and adequately manage the patient's suicidal risk, and diagnose and treat the underlying psychiatric illness invariably present.

The care of a patient with a psychiatric illness can present a difficult challenge, but it can also provide

a gratifying accomplishment. The physician who develops proficiency in the diagnosis and treatment of debilitating psychiatric illnesses will enjoy the satisfaction of alleviating significant suffering and impairment. We hope that the discussions presented here will help physicians attain this important goal.

Martin Quan, MD