



From the editor

Here is why we *do* need a new psychiatry journal

It was not that long ago, at least not in geological time, that I finished my psychiatry residency. Most of what I learned has turned out to be wrong, however, and I am pretty sure that a lot of what I have learned since then will turn out to be wrong too. That is just how science is—it never stands still.

Now, for the most part, it is a good thing that what I learned in the 1970s has turned out to be wrong. The psychopharmacology we had available then was not really that great, although we did the best we could with it. The only kind of psychotherapy we learned was fairly lengthy (24 sessions = short term) psychodynamic therapy. Some of my attendings were still using psychoanalysis to treat peptic ulcer disease, rheumatoid arthritis, and stuttering.

Yes, psychiatry has seen many changes for the better over the years. The profession also has seen numerous changes in practice (e.g., managed care and ever more creative theories of professional liability) that are not positive. Like it or not, we need to deal with the bad changes as well as the good.

The real difficulty about all this change is that it is so incredibly hard to keep up. My old school certainly does not send me correction notices every time something I learned there becomes outdated, although they do send me regular requests for donations. The pharmaceutical companies do send me ongoing updates on what is new, although you really have to worry a little about whether their information is always 100% balanced (don't get me wrong, some of my best friends are drug reps, but still...). Research journals generally leave me feeling more inadequate, rather than less. They usually presuppose some knowledge I do not have, and their articles usually do not tie directly to clinical practice.

So here I am, feeling increasingly anxious because I cannot keep up with the latest evidence on a new treatment for the patients I work with. You probably feel at least a little of this same anxiety. What is the best treatment for this condition? This or that new psychopharmacologic agent? Psychotherapy? Maybe so, but probably not.

The real treatment for us is a journal that publishes

succinct review articles by experts who are still in touch with the realities of clinical practice; a journal of new information you can use; a journal that is up to date, readable, and concise. That journal is *Current Psychiatry*.

Reading the contents of this first issue in manuscript form has made me feel a lot more confident that I can use new diagnostic and treatment concepts about which I was previously a little fuzzy. For the first time, I really understand which of the anticonvulsants may help my bipolar patients. Frankly, I have always been a little concerned about anticonvulsants because I have tended to regard them as belonging to the neurologists rather than to us.

I also feel better about how to treat my diabetic patients. I am finally convinced that body dysmorphic disorder is real, not just something somebody made up. I feel less out of date in recognizing social phobias and in detecting causes of excessive daytime sleepiness. In my practice I have already started using what I have learned in this issue!

Let *Current Psychiatry* work for you too. This is your journal. We will survey you to find out what you are interested in. We will ask you to share your cases. We want your input on everything—including this first issue. In addition to review articles addressing psychiatric issues, we will offer updates on commonly confronted medical problems, case discussions, and information on psychotropics under development that even your drug rep cannot tell you about.

If you have a comment on this inaugural issue of *Current Psychiatry*, or there is anything else you want to see, just drop me a line at hillarjr@email.uc.edu. Together we will keep our practices up to date with minimal pain and maximal gain and we will be able month by month to help our patients more and more.

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