



From the editor

Life is still short, and the art keeps getting longer

Hippocrates' first aphorism about the practice of medicine is as true today as it was 2,500 years ago: Life is short, the art is long, the occasion fleeting, experience fallacious, and judgment difficult.¹

Life is still short, although not as short as it was in Hippocrates' day, but the art of medicine—what physicians are expected to know—may be hundreds of times longer. Greater life expectancy and knowledge allow us to offer more help than ever to patients with psychiatric disorders. Yet how can we possibly learn everything we are expected to know and improve the way we practice?

The occasion—the time during which we make clinical decisions—continues to be brief. In fact, patient contacts are more fleeting than ever, given the financial pressures of managed care.

Experience remains fallacious. Our clinical experience can lead us to believe that every condition has a more negative prognosis than it does. Patients who respond well to treatment return much less often than those who respond poorly and require more complicated care. Similarly, patients who get well may stop coming to see us, but those who do not get well may stay with us indefinitely.

Moreover, none of us sees a random sample of patients, so our perceptions of various psychiatric disorders may be warped by one or two dramatic experiences. It's human nature to remember our most interesting or horrifying cases, rather than the more routine.

Based on my own experience, I was surprised by the low prevalence (13 to 18%) of conversion to mania in bipolar depressed patients treated with antidepressants, which is described by Robert M. Post, MD, in his special report on the Stanley Foundation Bipolar Network (page 26). I had assumed the conversion rate was much higher because I vividly recall an awful conversion to mania with catastrophic results that happened early in my career.

Of course I recommend all articles in this issue of *Current Psychiatry*, but I especially urge you to read the report

by Dr. Post and his Stanley Foundation-funded team. What I like about these studies of bipolar disorder is that they:

- include patients similar to those I treat (i.e., a general population of bipolar patients, rather than one selected with criteria that excluded all but the most uncomplicated patients)
- are long-term (up to 6 years). It is frustrating when studies follow patients for weeks, while I have to treat them for years.
- offer lessons I can use in my practice this week (e.g., adjunctive lamotrigine can lead to a good response in previously unresponsive patients).

That, as I have mentioned before, is the goal of *Current Psychiatry*—to provide news you can use in your practice this week. In psychiatry, so many articles are published every day that it's impossible to keep up with them. Reading reviews written by practitioners who can interpret that volume and comparing their conclusions with our own experience is one way we learn useful new material.

As Hippocrates observed, judgment is difficult in medical practice, and the same is true of medical editing. To help us exercise good judgment in the editing of *Current Psychiatry*, please continue to send me your comments and suggestions (hillarjr@email.uc.edu).

Reference

1. Hippocrates. *The theory and practice of medicine*. New York: The Citadel Press, 1964:292.

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