

Letters

Measuring speech pauses to help suicidal patients

Alex Vuckovic, MD, recommends negotiating daily telephone contact with acutely depressed patients at risk for suicide (Pearls, August, p. 60).

Psychomotor retardation in depression can be monitored by recording speech hesitation pauses of 1 second or more, 4.79 ± 2.48 per minute, 1.50 ± 0.33 seconds (mean \pm standard deviation). These behavioral correlates of mood in telephone dialogues reflect neuronal activity and firing.

This precise, objective computerized method also may help to verify pausing before embarking on stress management in treating mental stress-induced myocardial ischemia in men. Such psychosocial treatment offers substantial and immediate clinical and economic benefits (*Am J Cardiol* 2002;90:86-7).

*Ernest H. Friedman, MD
East Cleveland, OH*

Improving the 'awful' task of reading journals

I am a child and adolescent psychiatrist and have been receiving *Current Psychiatry* for a while. I just wanted to tell you what I like about the journal. (You often only hear from people when they do not like something.)

It's Sunday afternoon, and I'm trying to work my way through the medical journals and prepare for the week ahead. After quickly reading through your latest issue, I find that I love the "Bottom Line" concluding paragraphs after each article. The articles also are visually well organized; the tables and charts are great. I also like the "Related resource" box after the articles and the listing of drug brand names. I have not seen this in any other journal.

Thanks for the innovations that make the awful task of reading journals a little better.

*Peter M. Sims, MD
Birmingham, AL*

Managing every mental disorder?

In his July editorial (p. 9), Randy Hillard, MD, wrote: "Sometimes I envy pediatricians and geriatricians ... these physicians need to know about and treat only one age group.

As general psychiatrists, we must diagnose and treat every mental disorder from cradle to grave."

Hopefully Dr. Hillard was only temporarily hypomanic or grandiose when he expressed that opinion. I respectfully recommend that he compare himself not with the medical age-group specialists but rather with the general practitioner.

Only television's Marcus Welby, MD, seemed to treat everybody and every disorder, but I think I remember his seeking consultations with surgeons and other colleagues from time to time; I don't think he delivered babies on the show.

Like a competent family doctor, a general psychiatrist must know his or her limits and refer or defer to colleagues appropriately. No one—except perhaps the grandiose or the hypomanic—should set such unrealistic expectations to diagnose and treat competently every mental disorder of every age group. Perhaps a little lithium would help abolish such a tyrannical notion!

*Robert J. Alpern, MD
Atlanta, GA*

Dr. Hillard responds

You are correct: I cannot treat ALL problems. For example, I recently referred a 95-year-old woman with multiple disorders.

I do believe, however, that psychiatrists need to keep track of many conditions. Maybe I am trying to keep track of too many.

Concerning your advice about lithium: I'd like to think I need psychotherapy rather than pharmacotherapy, but sometimes we are the last to know.

*J. Randolph Hillard, MD
Editor-in-chief*

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