



From the editor

Becoming geriatric at age 1

This month we welcome to our circulation 500 geriatric psychiatrists and 125 psychiatrists who chair academic departments at U.S. medical schools. Look for two articles in this issue on diagnosing and treating mental disorders in older patients:

- John W. Kasckow, MD, and colleagues from the University of Cincinnati College of Medicine discuss when and how to use selective serotonin reuptake inhibitors to treat late-life depression (page 43).
- Sumer Verma, MD, explains how uninformed treatment decisions led to an unfortunate outcome in an 85-year-old with dementia and depression in his “Cases That Test Your Skills” article (page 59).

I learned a lot from these articles, and I think they will be useful to both general and geriatric psychiatrists.

At the other end of the age spectrum, Elizabeth Weller, MD, and colleagues at Children’s Hospital of Philadelphia review new evidence on assessing and managing posttraumatic stress disorder in children and adolescents exposed to violence and abuse (page 30).

Schizoaffective disorder, which can plague adults at various stages of life, comprises a complex mix of psychotic and affective symptoms that confound rational treatment. Dr. Stephen Strakowski’s thoughtful cover article (page 22) has convinced me that this construct does have validity, something I have long wondered about.

Christopher Pelic, MD, and Hugh Myrick, MD, of the Medical University of South Carolina, address alcohol withdrawal and delirium tremens—a problem that cuts across a wide age spectrum (page 14). Their well-documented answer to the question “Which patients are at highest risk?” may surprise you.

As we begin our second year of publication, one thing that hasn’t changed is the need for your feedback. Please continue to send me your comments and suggestions (hillarjr@email.uc.edu).

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