

From the editor



## TMAP bipolar algorithms: Not 'cookbook' medicine

**H**ow do you feel about the state, insurance companies, or professional societies telling you how to practice medicine? Most of us would take strong exception to that idea, almost as if we had been asked, “How do you feel about the butcher of Baghdad?” One reason we became doctors—in addition to wanting to heal the sick—was that we do not like anyone telling us what to do.

Let me rephrase the question: “How do you feel about evidence-based guidelines that could help you make increasingly complex decisions about which medications to use under which circumstances?” At worst, most of us would respond, “Well, I don’t really need them, but I refer to them from time to time. And I certainly know a lot of practitioners who could benefit from them.”

Two ways to ask the same question, with a big difference in response. I resist anyone’s attempts to write a “cookbook” for my clinical practice, but I am interested in anything that helps me practice rationally.

This year, Trisha Suppes, MD, PhD, and the other the Texas Medication Algorithm Project (TMAP) collaborators will update their treatment algorithms to include evidence published since 2000. In this issue (*page 22*), Dr. Suppes and Geetha Shivakumar, MD, of the University of Texas/Southwestern Medical Center’s department of psychiatry preview potential updates in the TMAP bipolar mania and bipolar depression algorithms. They make it clear that algorithms can be valuable tools when carefully designed and implemented.

Despite my wariness about practice guidelines, I found this article quite palatable and—I must admit—useful. I hope you do, too.

A handwritten signature in black ink, appearing to read 'Randy Hillard'.

Randy Hillard, MD