A New Decade — and 40 Years of Service from Psychiatric Annals

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It’s 2010 — a new decade and the 40th anniversary of Psychiatric Annals. For nearly half of that time, yours truly has participated in the effort to bring the practicing psychiatrist topics that are relevant to psychiatric practice. Getting academics to write articles for Psychiatric Annals is not an easy task because in order to survive and continue to be productive, they must earn “hard currency” through successfully getting funded grants. The leverage I have is to remind them that Psychiatric Annals is very widely read by clinicians, and I ask them why they are doing their research in the first place. If it’s their hope that their work might improve practice, then there is no better place to summarize their findings than in Psychiatric Annals. (See below for cover images of selected issues of Psychiatric Annals from throughout the years.)

Dan Blazer, MD, PhD, and David Steffens, MD, MHS, and their coauthors have brought us a wonderful review of Geriatric Psychiatry for this first issue of the new decade. Seems very appropriate, doesn’t it? Celebrating 40 years with an issue on Geriatric Psychiatry?

Many changes have occurred in psychiatry and in our practice over the past 40 years. While Psychoanalytic Psychotherapy was the “only game in town” 40 years ago, with the early beginning of the Psychopharmacologic Revolution just a murmur, now psychopharmacologic treatment has become a dominant mode of treatment. The introduction of new agents, such as anticonvulsants and atypical new generation antipsychotics, has extended our treatment effectiveness. The current reimbursement system discourages psychiatrists from doing psychotherapy, but new psychotherapeutic treatments, including cognitive, interpersonal, and the use of theory-based therapies, have demonstrated their efficacy. More recently, there are studies showing that psychodynamic therapies are efficacious. Evidence-based treatment is the operative standard, full remission is now the goal, although the available evidence for how to proceed with treatment-resistant patients is, for the most part, lacking. We are getting beyond “horse race” studies between treatment modes. We are beginning to understand where each therapeutic approach is most appropriate and are finding the combinations of therapies that work best for different disorders. Genetic studies and brain function imaging studies are applying rapidly improving technology and statistical methods to look for the mechanisms underlying the disorders we treat. We are learning the complexity of these systems, with epigenetic factors adding to the mystery.

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