We Are Not Treating Diagnoses Alone

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This month’s issue of Psychiatric Annals, guest edited by Michael Y. Hwang, MD, and Peter F. Buckley, MD, features a valuable series of articles that focuses on the management of comorbidities in patients with schizophrenia. These comorbidities include everything from depression and anxiety to eating and substance use disorders. An in-depth look at the personality traits of those whose schizophrenia has progressed is also explored. Psychiatrists must be aware of the risks in these patients for impulsivity, aggressiveness, and completed suicide.

To start off the series, Lewis A. Opler, MD, PhD, Michael Y. Hwang, MD, and Mark G. Opler, MPH, PhD (see page 438) focus on the ability of clinicians to properly assess comorbidities of schizophrenia so that they might provide adequate treatment, and consider this issue in relation to the recent changes in the DSM-5.

Dr. Opler and his colleagues’ article raises the issue of diagnostic categories in the context of beginning efforts to combine them with behavioral dimensions in the DSM-5. It is clear that we need to focus more on these dimensions, which require extremely specific treatments in order to achieve the best possible outcomes.

Sung-Wan Kim, MD, PhD, Jean-Pierre Lindenmayer, MD, and Dr. Hwang (see page 442) consider the clinical and conceptual issues that arise in those patients who experience obsessive-compulsive symptoms in schizophrenia. For some atypical antipsychotics are the answer, for others SRIs or CBT should be considered.

Deana McRenolds, DO, Palav Mehta, MD, and Henry A. Nasrallah, MD (see page 446) review treatment strategies of comorbid depression in schizophrenia. Substance use comorbidity in schizophrenia is reviewed by Michael J. Vitacco, PhD, and Peter F. Buckley, MD (see page 454). Another very important issue of impulsivity, aggression and suicide risk in schizophrenia is reviewed by Maurizio Pompili, MD, PhD, and his colleagues (see page 458). Sun Young Yum, MD, and Dr. Hwang’s discussion of their pilot study of a group therapy series in patients with schizophrenia and eating disorders is also very intriguing (see page 463).

Whether you are treating your patients with CBT or pharmacologically, it is clear that our treatments must evolve as our diagnoses do, being mindful of the comorbid symptoms that present.

The differences in what our patients experience from person to person in terms of treatment brings to mind a recent book, Depression and Drugs: The Neurobehavioral Structure of a Psychological Storm, by Martin M. Katz. The author makes a point with regard to therapeutic outcome measures, that diagnosing and measuring the severity of depressive symptoms from multiple-vantage points allows us to observe the differential effect of medications with various modes of biochemical and therapeutic actions across a range of components of depression. These are not limited by a categorical set of diagnostic criteria, including anxiety, irritability and anger.

It appears that both academically, and more publicly as a collective, we are beginning to recognize the importance of treating various important comorbid symptoms across the spectrum of psychiatric disorders. My thanks go out to the authors for calling attention to a very important topic.

REFERENCE