Psychosomatic Medicine
(Holistic Psychiatry)

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This issue of Psychiatric Annals, guest edited by Dr. Lisa J. Rosenthal, is timely, relevant, and valuable for practicing clinicians. Psychiatry is becoming more collaborative with general medical care on many fronts, including the Affordable Care Act, which we now know will prevail in the United States, and will support both collaborative care and patient outcomes assessment.

The first article by Dr. Sheila Lahijani and this issue’s guest editor discusses collaborative care with special reference to experience with depression and diabetes. The authors review the evidence from collaborative care of these common conditions—finding that nonadherence to antidepressants was associated with poorer patient-physician relationships, patients’ lack of involvement in decision-making, and a lack of trust. This article serves as a message for those among us that think our job has degenerated to counting up symptoms and writing a prescription for the depressed patient.

The second article, by Drs. Marie Tobin and Tracy Binius, discusses the importance of psychiatry in pain management, pointing out the overlap of depression, anxiety, and increased loss of cortical grey matter associated with chronic pain equivalent to 10 to 20 years of aging.

The article on managing pregnancy in women with bipolar disorder by Drs. Leena Mittal, Christina L. Wichman, and Nancy Byatt is very comprehensive. It reviews issues like discussing plans for contraception with women of child-bearing age with bipolar disorder, citing research showing these women are 30% to 60% likely to have unplanned pregnancies, whereas women who do not have bipolar disorder have a 20% likelihood. This article also presents an up-to-date review of safety considerations for various mood stabilizers, antipsychotic medications, and antidepressants.

The article by Drs. Maxwell Rovner, Willie Mae Jackson, and Stephen H. Dinwiddie on impaired medical decisional capacity (IMDC) and the fact that it has been shown to affect more than 40% of general medical and psychiatric patients is very important. This article emphasizes that the precise point in which IMDC becomes necessary to render a patient incapable of making a given medical decision depends both on the degree of impairment and the consequences of a bad decision. This discussion focuses on the importance of the psychiatrist being able to make an accurate assessment of decisional capacity related to the decision being made by the patient.

The last contribution, a review on aggression after traumatic brain injury (TBI) by Drs. Alexandra Aaronson and R. Brett Lloyd, is valuable for the clinician. We learn that one-third of cases of TBI result in an increase of aggression.

As medicine recognizes the importance of treating psychiatric issues holistically, we are pleased to present this issue that explores some of those methods that value the whole patient.