



From the editor

We need your help— no, this is not a plea for donations!

Here it is, our second issue of *Current Psychiatry*, and I am already asking for your help. Sort of reminds me of when my medical school asked me for alumni donations before I even became an alumnus.

Fortunately, I am not asking for money like my medical school does. *Current Psychiatry* is, and will continue to be, a free service to the profession. Everyone who is listed on the AMA database as a general psychiatrist should be receiving this publication. If you are seeing someone else's copy and believe you should be on the mailing list, send your name, address, type of practice, and e-mail address to: CurrentPsychiatry@dowdenhealth.com.

This issue contains the first of our "Cases that Test your Skills" case report series, "Three weeks to mood stabilization," by William P. Carter, MD (page 45). I enjoyed reading this case because it mirrors the cases I actually treat. Dr. Carter's patient account does not represent a "pure" case with a single clear-cut diagnosis, nor is there a surprise ending showing what a superhuman clinician the author is. Nor does the patient suffer from an extremely rare disorder.

It is a case, though, that left me with a lot of good ideas. For example, I have never been clear on the best approaches for dealing with noncompliance due to sexual side effects or for addressing weight gain associated with psychotropic medications. This case, while acknowledging that there is no one "right" way to treat these problems, sets out several possible rational approaches, several of which I would not have thought of on my own.

The reality of clinical practice, of course, is that patients keep coming in with complaints that we need to treat, even if we have to try approaches not yet totally validated experimentally.

Anyway, back to asking for help. I would like you, our readers, to share your cases with us. I want this journal to be relevant to psychiatry as it is really practiced. (In fact, I originally wanted to call this journal "Real Psychiatry," but the

marketing department overruled me.) So if you have ideas for cases, please e-mail Dr. Carter at wpcarter@partners.org.

Even if you do not have a case you feel is worth sharing, you can still help me by

1. Suggesting topics you would like to see reviewed in *Current Psychiatry* and, if you wish, doctors who you think should review them;
2. Writing an article yourself.

If you have a topic you are interested in, please send me an e-mail, and I will let you know if the topic fits our editorial guidelines or if we already have something similar under development.

Here are some specific topics that have been suggested, for which I am seeking authors:

- Psychotropics in the management of chronic pain
- Schizoaffective disorder: Is it real?
- Negative symptoms of schizophrenia
- Avoiding adverse reactions in patients taking Viagra
- Use of SSRIs in treating panic disorder
- Treating substance abuse in the presence of comorbid conditions
- Depression in patients with anxiety disorders
- Recognizing and treating histrionic personality disorder.

I can be reached at hillarjr@email.uc.edu.

Finally, please let me know what you think of each issue. Let me know what you would like to see more of—or less of. Putting together a journal like this is like practicing medicine—I always have to keep learning from those I serve, or else I will not be able to help them very much.

Randy Hillard, MD

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