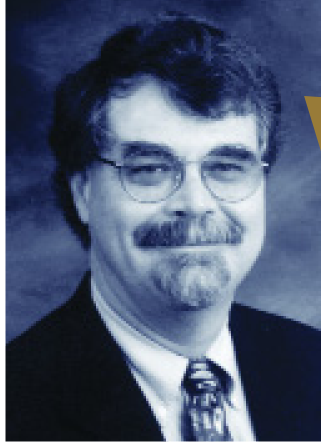

From the editor

Is psychiatry a hazardous occupation?

This month's *Current Psychiatry* highlights patient violence and aggression—a topic that gives psychiatry and its patients a bad name. Most psychiatric patients are never violent, and psychiatric patients are no more likely than anyone else to commit a violent crime. When patients do become violent, however, they can create a lot of fear for—and pose a real danger to—family and fellow patients, as well as us practitioners.

Most of us do not confront violent patients often, but knowing how to handle an acutely agitated patient is at least as important to psychiatrists as is knowing how to perform CPR. Dr. Avrim Fishkind's article on psychosocial approaches to managing aggressive behavior (p. 32) should be required reading for everyone in training, and it would be useful for a practicing psychiatrist to read at least once a year. I hope that my article on pharmacologic treatment of aggressive behavior (p. 22) is worth reading at least once.

Violence induced by a psychiatric disorder is not only an issue in the psychiatric practice or emergency room, but in society as well. John Kennedy, MD, MHA, Drew Barzman, MD, and Manish Fozdar, MD, drive this point home as they effectively summarize the evidence on traumatic brain injury and violence (p. 49), an association that I've never been quite clear on before.

Although not directly about violence, the article "Bipolar update: How to better predict response to maintenance therapy" (p. 40) fits in nicely. Several years ago, when I surveyed staff injuries at the University Hospital in Cincinnati, I found that acutely manic patients were more likely than were patients with other psychiatric disorders to assault staff. This finding surprised me; I thought that acutely intoxicated or acutely schizophrenic patients might be more prone to violent episodes. My interpretation of this finding is that the unpredictability of bipolar patients causes us to let our guard down and increases our vulnerability to aggressive patient behavior.

That said, appropriate bipolar maintenance therapy should decrease the likelihood of assaults on staff, as well as increase the patient's quality of life.

In the other feature this month, Gerald Maguire, MD, and others review new treatments for patients who stutter (p. 11). This article is a nice change of pace and makes me optimistic about treating a condition that, for a long time, I regarded as more or less untreatable.

This month's issue reminds me of the problem I have in shaping medical students' attitudes toward psychiatry. Students still do their clinical clerkships mostly on the inpatient service, where lengths of stay are very short and patients generally have to be dangerous to be admitted. My job is to convince the students that in psychiatry we can stay safe, help people, and enjoy ourselves in the process. I wish that I could get every medical student in the country to read this month's issue of *Current Psychiatry*!

Randy Hillard, MD

Current Psychiatry