



From the editor

A wise approach to bipolar depression

Most of us care for patients with bipolar disorder and face this problem regularly: We start an antidepressant for breakthrough depressive symptoms, and the patient responds. How long do we continue the antidepressant?

In this issue (*page 40*), Robert M. Post, MD, head of the Bipolar Collaborative Network, summarizes the published literature—and some very recent unpublished reports—related to this question and makes systematic recommendations. I won't attempt to summarize his carefully considered conclusions, but I would like to highlight his “two-pronged” approach:

- conservative treatment—no change in medication—when the patient remains well
- aggressive—if not radical—treatment when the illness course remains problematic.

I cannot help but reflect that these recommendations—wise advice for many clinical problems—echo the Hippocratic principles of “first, do no harm” and “extreme illnesses require extreme remedies.” Although, thank goodness, today's medical treatments bear no resemblance to those used in Hippocrates' time, our wisdom still bears a resemblance to his.

Conscientious physicians aspire to keep up with the latest literature while growing in professional wisdom. Helping us with those challenging tasks is CURRENT PSYCHIATRY's goal.

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