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Eating fish during pregnancy

In Dr. Nasrallah's Editorial on reducing the risk of schizophrenia in a child (For couples seeking to conceive, offer advice on reducing the risk of schizophrenia, Current Psychiatry, From the Editor, August 2014, p. 11-12, 44; [http://bit.ly/1zAcnUq]), he advised a couple to "Get a good obstetrician well before conception; get the mother immunized against infections; eat a lot of fish (omega-3 fatty acids)…"

Some people are concerned about mercury levels in fish and suggest limiting fish consumption during pregnancy. I do not follow this literature and do not know which fish to recommend and avoid and the current status of the evidence. If people still believe this, should I suggest omega-3 fatty acid supplements instead of eating a lot of fish?

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Dr. Nasrallah responds

I recommend wild salmon as the best source of omega-3 fatty acids from fish. I avoid farmed salmon because that's where some contamination has been reported. Absent the availability of wild salmon, I recommend omega-3 fatty acid supplements.

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Let's talk about poor concordance between diagnosis and treatment!

I enjoy the intellectual insights in Dr. Nasrallah's From the Editor essays in Current Psychiatry. For future editorials, I suggest a few topics for him to discuss:

- **There is poor concordance between diagnosis and treatment by psychiatrists**, compared with other medical specialties, because we do not have tests or measures to employ both before and after treatment. In other words, we have not standardized our evaluation or treatment. Despite my 4 videos on YouTube and an e-book, *Standardizing psychiatric care*, I have not received an enthusiastic response or discussion from the American Psychiatric Association (APA) or academic psychiatrists—knowing that this step is crucial to integration of care with primary care physicians (PCPs) and other physicians. We must be a leader in training PCPs and other clinicians about how we care for our patients.
- **The practice of medicine is local**. In this region of North Carolina, however, the private practice of psychiatry is disappearing. It is almost impossible to start a successful practice, primarily because of managed care.
- **The goals of psychiatric treatment have not been adopted by all professionals**. This includes returning patients to optimal functioning at no less than 80% to 90% of their capacity in self care and professional, school, social, and home settings, and to having at least 85% of psychiatric symptoms under control, with the least possible number of medication side effects.
- **Treatment of psychiatric symptoms is highly individual**, and therefore the dosage of each medication must be titrated carefully. This important aspect of treatment has not been well-emphasized in training or by the leadership of the APA.
- **Treatment in psychiatry is a combination of the right medication and lowest effective dosage** to minimize side effects. Therefore it is a polypharmacy, and we must accept it and educate patients accordingly.

I hope that Dr. Nasrallah's influential editorials will shed light on these topics, and begin a national and international debate on these issues.

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