

From the editor



Raise the bar from response to recovery

Complete recovery must be our goal for each patient we treat. Richard Van Rhoads and Alan Gelenberg make this point in their article on treating major depressive illness to remission (*page 14*). Other CURRENT PSYCHIATRY authors who have emphasized recovery from psychiatric illness as a primary goal include:

- Pamela Wiegartz and Sonya Rasminsky on obsessive-compulsive disorder (*April 2005*)
- Lee Altman and Christopher Schneck on rapid-cycling bipolar disorder (*November 2004*)
- Willem Martens on schizophrenia (*July 2004*).

For years, psychiatry's goal was symptom reduction, not recovery. The severely mentally ill were neglected at worst or warehoused in long-term institutional or custodial care. Treatment was limited to keeping patients from being an imminent risk to themselves or others.

Our options expanded gradually as safer medications were developed, effective psychotherapies were validated, and outpatient care brought a new focus on lifelong case management. Now we have tools to achieve much more-ambitious treatment goals.

Rather than being content with partial symptom remission, we need to vigorously promote recovery. Of course, some patients will still have residual symptoms and dysfunction, but let's never give up too soon.

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