

Leading the Way:

Advances in the Diagnosis, Treatment, and Management of Neuropsychiatric Illnesses

By Jack M. Gorman, MD

As *CNS Spectrums* has matured, its readership has expanded to an international status and we now receive unsolicited manuscripts from all parts of the world. We are now in a position to have issues without an over-arching theme in order to accommodate those unsolicited manuscripts that pass our rigorous peer-review system. This month, we have no theme and no guest editor; instead, we have six superb articles on topics of current interest to psychiatrists and neurologists.

There is increasing interest in the prodromal phase of schizophrenia in the hope that modern treatment interventions may be able to stave off at least some of the devastation of this disease. Insight into illness has long been of interest to researchers and clinicians. I had the privilege of working with Xavier Amador, PhD, during my tenure at Columbia University as well as contributing toward the development of the Scale for the Unawareness of Mental Disorder.¹ With this instrument, we showed that patients with schizophrenia uniquely lose insight as the illness progresses and that this phenomenon is not simply the result of psychological denial but seems to be a neurocognitive deficit.

Robert G. Bota, MD, and colleagues extend those findings by examining insight into illness of patients in the earliest stages of schizophrenia. They find that, although insight initially is associated with less need for acute treatment, it fluctuates over time and is lost during each psychotic break. Bota and colleagues wonder if an insight-enhancing treatment intervention early in the course of schizophrenia may be useful. Their research certainly makes this an intriguing possibility.

Turning to patients with another severe disorder, Lawrence D. Ginsberg, MD, reviews the records of 587 outpatients with bipolar disorder who received lamotrigine in a private practice setting. He finds that 59.5% of the subjects had positive results and no cases of serious rash were reported. Although most of the new anticonvulsants have been tested for efficacy in bipolar disorder, only lamotrigine has emerged as clearly therapeutic. By showing that the medication works in the private practice setting, Ginsberg reassures clinicians that "real world" patients should derive as much benefit from lamotrigine as patients enrolled in randomized clinical trials.

Lamotrigine is not the only medication prescribed by neurologists and psychiatrists that is associated with dermatologic adverse effect. Alby Elias, MD, and colleagues describe an interesting, albeit unusual, case of angioedema and maculopapular eruptions in a patient receiving carbamazepine. Fortunately, the patient in question responded to discontinuation of the drug and antihistamine therapy, but angioedema can have serious questions. The description of what the rash looks like and how to treat it will be of great utility to physicians who prescribe carbamazepine.

One of the most critical dilemmas facing health-care systems today is how to help the so-called "frequent flyer" patient. These are patients who have high utilization of primary care, emergency room, and inpatient units for disorders that are difficult to characterize and do not seem to improve despite all of the medical attention. These patients include a significant fraction that is called "somatizers." They are problematic for two reasons: they are costly to the system and, more importantly,

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they do not get symptom relief. Kathryn M. Rost, PhD, and colleagues find that asking patients to describe their symptoms is as accurate in making a diagnosis of multisomatoform disorder as an expert physician diagnosis. Because screening and identification is the first step in adequately helping people with any illness or syndrome, this research suggests a novel way to identify patients with somatoform disorders and, hopefully, to intervene early with appropriate psychological help.

Transdermal selegiline has just been approved by the Food and Drug Administration for the treatment of depression. Ashwin A. Patkar, MD, and colleagues provide a balanced review of the new medication. Selegiline has been available for many years as a treatment for Parkinson's disease but administering it as a patch and to patients with depression is a new development. Transdermal administration seems to reduce risks of hypertensive crisis and other adverse effects usually associated with monoamine oxidase inhibitors, although dietary restrictions are still recommended when doses >6 mg/24 hours are prescribed. It remains to be seen if transdermal selegiline will be as effective in treating depression as currently available monoamine oxidase inhibitors, such as phenelzine and tranylcypromine.

If it is, this is a truly important advance in the treatment of depression.

The diagnosis of attention-deficit/hyperactivity disorder (ADHD) in adults is challenging. The *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* criteria require a history of onset before 7 years of age to make the diagnosis but adults often have difficulty precisely placing the exact onset of their attention-related problems. Nevertheless, adults do suffer from ADHD and need treatment options. Joseph Biederman, MD, and colleagues, one of the most distinguished groups of ADHD researchers and clinicians, report that OROS methylphenidate is effective for adults with onset of ADHD after 7 years of age. The 72% response rate is indeed impressive, although the authors correctly caution that this is an open-label study and the possibility of placebo effects cannot be ruled out. Despite this caveat, the study is important in offering a safe and effective way to approach adults with ADHD.

In all, this is a diverse but fascinating group of articles. We hope you enjoy reading them as much as we did. **CNS**

REFERENCE

1. Amador XF, Flaum M, Andreasen NC, et al. Awareness of illness in schizophrenia and schizoaffective and mood disorders. *Arch Gen Psychiatry*. 1994;51:826-836.

In This Issue...

CLINICAL INFORMATION MONOGRAPH

Focusing on issues impacting practice and patient care

Reproductive Health and Bipolar Disorder

Moderator: Terence A. Ketter, MD

Discussants: Trisha Suppes, MD, PhD, Natalie Rasgon, MD, PhD, Martha J. Morrell, MD, Lee S. Cohen, MD, and Adele C. Viguera, MD

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