

Editorial

In This Issue

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Psychiatry faces a number of issues. The diagnostic system is under increased scrutiny. Medications are being evaluated for effectiveness and safety. Human Resources are a constant question. This edition addresses these.

The DSM-IV was created by extensive committee work and aimed to define categories discretely. However, more and more, the effect of cooccurrence or comorbidity is being assessed, particularly as they have compounding effects on the functional impairment of the patient. The article by Masellis and colleagues addresses the effects of obsessions, compulsions, and depression on the quality of life. Obsessions and depression have major deleterious effects, while compulsions do not.

Ogrodniczuk and colleagues deal with the important question of when the usual reaction of complicated grief reacts with the use of 2 different types of group therapy, the message being not to jump to an illness diagnosis without considering the circumstances.

Laporte and colleagues do a careful case study of women who have killed a child. They compare those who go into the forensic system with those treated under the medical services. Though the sample is small, there are suggestions that those who go into the criminal system are likely to be from lower socioeconomic circumstances and have a prior history of criminal behaviour or substance abuse, while the others have previous psychiatric histories. Interestingly, likely many if not most cases were considered with input from psychiatrists.

The paper by Masi and colleagues deals with an issue that is partly comorbidity and partly the changing patterns of

diagnosis and treatment in children and adolescents, raising questions as to the adequacy of DSM-IV for that age group and, indeed, the contradiction within the scheme for the label.

The social aspect of psychiatry is examined in “A Pilot Study of a Parent-Education Group for Families Affected by Depression” (Sanford and colleagues) to determine whether a parent-education group was effective and, therefore, applicable with families with young children where a parent had depression. Their findings showed that indeed it was, but interestingly, those with more severe depression were more likely to drop out. This would suggest that there may be a time and a place for different methods of treatment. Similarly, there appeared to be value to mothers likely to suffer postpartum depression from a telephone support system and, particularly, their satisfaction with it being available.

Two papers address issues with regard to medication. The first, by Einarson and colleagues provides the basis—admittedly on a small sample—for discussion of the continuing use of 2 atypical antipsychotics during pregnancy, balancing the benefits against the low risk of fetal deformities. In the other, Kelly and colleagues, again in a small sample, suggest that clozapine is effective in treatment-resistant schizophrenia patients who have concurrent substance abuse, a particularly difficult group to treat.

This issue illustrates the breadth of psychiatric enquiries and practices and the range of topics the *Journal* covers.