



Editorial

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Editorial

There seems to be a gap between research in depression and the everyday practice of psychiatrists and general practitioners. Whereas research tools judge symptoms, for example the Hamilton Depression Scale and the Montgomery Åsberg Depression Rating Scale are used to judge whether one medication is different from the other or placebo, doctors in the field are more likely to talk with their patients about social functioning within depression. Performance in various fields, such as work, social and leisure activities, often provide the criteria by which the doctor can judge if the patient's depression has remitted. Furthermore, relationships with family and friends, spouse or parents, all contribute to the level of functioning which is a guide for further medical decisions, such as those regarding medication or absenteeism from work. Recently this line has been introduced into psychopharmacology, in the early stages of drug development, in order to more directly reflect such life situations. Based on the existing knowledge of this topic, it seems that this approach helps to bring together the needs of everyday practice and achievements in clinical research.

Several new antidepressants have been introduced into the market recently. Whereas efficacy seems to be similar in these compounds, their safety and tolerability needs not only to be studied in randomized controlled trials, but also in everyday clinical practice. The need to do so is substantiated since rigorous exclusion criteria are mostly established in clinical trial settings. Drug surveillance studies, in contrast, offer the opportunity to study the patient in real life situations. The combination of a new antidepressant, nefazodone, with lithium and the efficacy and tolerability profile between different selective serotonin re-uptake inhibitors and the recently introduced dual acting antidepressant, venlafaxine, studied in a naturalistic setting, are topics in this issue of the *International Journal of Psychiatry in Clinical Practice*. A few countries have established a drug surveillance system. For instance in Germany, a co-operative approach between the Universities of Munich, Berlin and Goettingen means that psychiatrists working in the field evaluate and document the safety and tolerability profile of psychotropic agents. Similar approaches, individually designed for specific countries,

could help us to understand the impact of these medications in everyday clinical practice.

Psychiatrists are doctors of medicine, this seems to be obvious but is apparently sometimes forgotten when basic psychological measurements like the electrocardiogram are needed. Recently several of the new antipsychotic agents have been associated with a prolongation of one of the ECG parameters, the QT time. Psychiatrists now have to monitor the ECG of their patients, which they should also do when using the older neuroleptics, according to the recommendations of the World Health Organisation and most relevant national organizations. Interestingly, doctors in some countries, such as the UK, stopped using some of the newer antipsychotics since they were unable to perform ECGs on their patients. However, a rational approach would suggest that they should do the same with the older neuroleptics, which they continue to use. Basic parameters, such as a physical or ECG examination, are necessary for all psychiatric patients.

Premature ejaculation is a topic that is often left undiscussed with a doctor. The majority of men never seek help and one of the reasons for this might be that they do not exhibit overt psychopathology and consider their relationship to be happy or very happy. In an empirical study conducted by the Department of Neurosexology in the Netherlands, the problem of premature ejaculation was studied. Given the distress caused by interpersonal problems, general physicians should be aware that an intravaginal ejaculation latency time of less than 1 minute should be an issue for more thorough investigation and subsequent therapy within this patient group.

In this issue there is a variety of topics, ranging from social functioning and comparative safety and tolerability profiles of various antidepressants, to antipsychotic medication and case reports of the type seen in everyday practice. This issue once more reflects the aim of this journal, to provide a range of international data that can be used in day-to-day clinical practice, without being so specialized that the doctor does not recognize his patient any more.

Siegfried Kasper

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