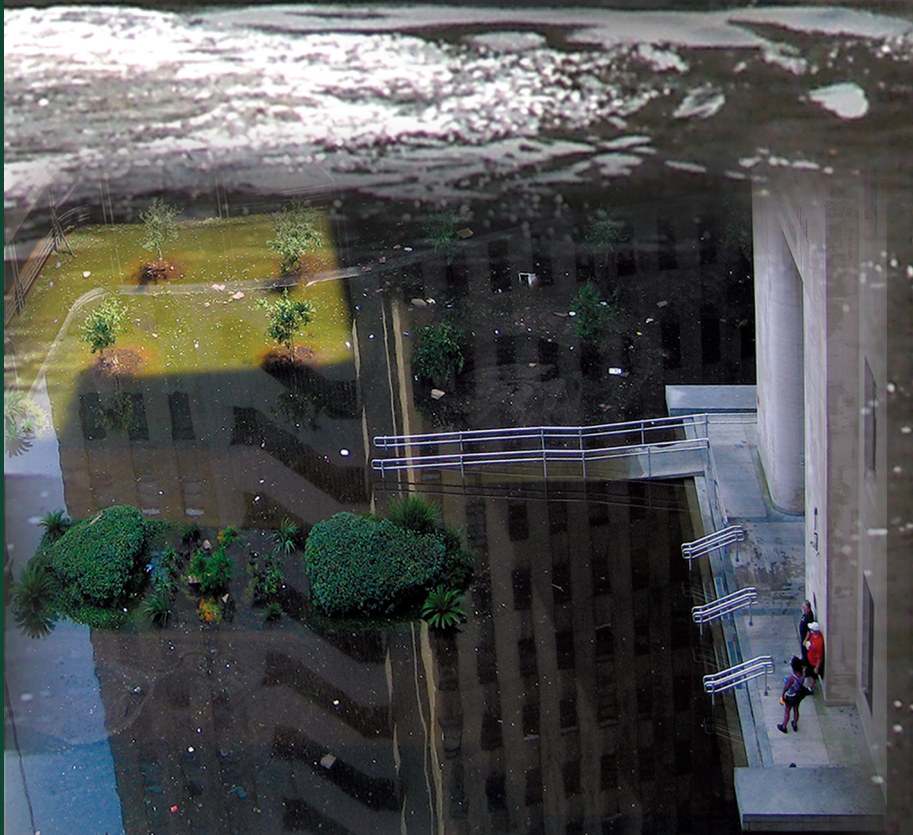


# THE AMERICAN JOURNAL OF PSYCHIATRY



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**Volume 165 • Number 1**

Official Journal of the  
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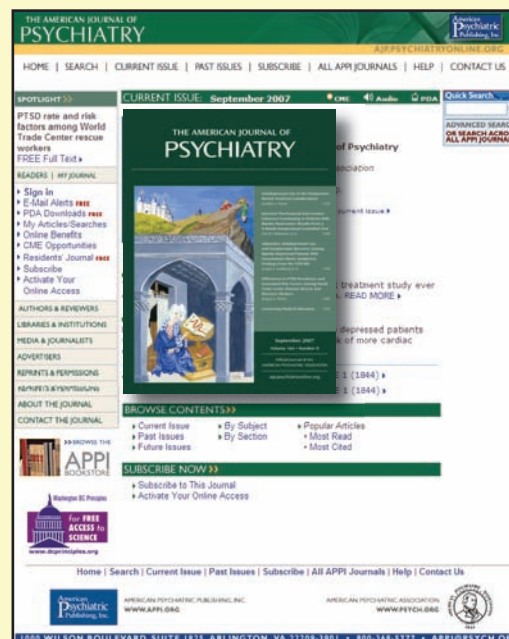
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The First and Last Word in Psychiatry

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*The American Journal of Psychiatry*  
**Residents' Journal**  
December 2007; Volume 2, Issue 12

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At some point during their postgraduate years, residents and fellows realize that despite spending 4 to 6 years after medical school to become a psychiatrist, there will be limits to their training and experience for many clinical situations. Within our specialty there are subspecialties, and embedded within these subspecialties are complex situations that require training, experience, and sometimes dedicated treatment facilities. Psychiatrist-in-training may have rotations that include such facilities, if they exist at their training sites, but they do not graduate from their training able to handle such cases by themselves. It can be frustrating to have chosen the specialty of psychiatry, only to realize that the ability to treat autism, childhood-onset schizophrenia, adolescent conduct disorder, opiate addiction, methicillin-resistant E. coli, personality disorders requiring psychoanalysis and other intensive psychotherapies, violence requiring forensic evaluation, and mixed dementia and psychosis in the elderly, to mention just a few, is still elusive.

A good example of the limitations of most of our training and experience in anorexia nervosa, which is one of the most life-threatening psychiatric illnesses. The most serious cases require hospitalization, preferably in a unit dedicated to behavioral management of this illness, in addition to specialized therapies targeting the behavior of both the patient and his or her family. Most residents will be exposed at some time during their training to other adults or adolescents with this disorder, but few will feel competent to lead their treatment, particularly for the more serious cases that come to academic medical centers. The Residency Review Committee that accredits residency training recognizes this limitation and does not mandate that residents actually treat these patients or attain any specific level of proficiency.

Envyolu Atia, M.D., and B. Timothy Walsh, M.D., were invited to contribute this month's "Treatment in Psychiatry" to address the issue of the diagnosis and treatment of anorexia nervosa by psychiatrists who do not have special training in the illness (1). Drs. Atia and Walsh see experts in this illness, and their recent research articles on the diagnosis and treatment of anorexia nervosa have appeared in the *Journal of the American Medical Association* and the *American Journal of Psychiatry* (2, 3). An additional article from them will appear in the February 2008 issue and has just been posted online as part of our new "AP in Advance" feature (4). The questions we asked them to consider in their "Treatment in Psychiatry" feature were 1) how do general psychiatrists recognize anorexia nervosa, 2) can general psychiatrists initiate treatment for anorexia nervosa, and 3) when should patients be referred to specialized treatment centers? We may think some illnesses in particular mandate specialty treatment, but anorexia nervosa is not only a good example of an illness for which most psychiatrists feel that their expertise is limited, but it is also an example of an illness for which patients and their families often seek help first from a politician or family physician, who most often then refer the patient to a general psychiatrist and not to a specialized treatment center.

"Treatment in Psychiatry" is a feature designed to convey the latest information on clinical problems that most experienced general psychiatrists feel they could always use help with, such as anorexia nervosa. Each article begins with a vignette of a typical patient who represents a level of complexity that general psychiatrists would find challenging, but not outside their scope of practice. The problems discussed in this series range from a child with attention deficit disorder who develops psychotic symptoms after receiving stimulant medication, to an elderly man with possible mania or frontotemporal dementia, to a veteran returning from combat who acts violently toward his wife (5-7). "Treatment in Psychiatry" topics for 2008 include: how to recognize and treat the subtle signs of alcoholism that cause patients to fail to take their antipsychotic medications, how to evaluate and treat a psychotic young person who is obsessed with violence, and how to treat a depressed and suicidal adolescent in light of recent FDA warnings about antidepressants and suicide.

In their article, Drs. Atia and Walsh discuss the diagnostic criteria for anorexia nervosa using the case of a college student, who cleverly attributes her recurring weight loss to a desire to avoid gaining the "freshman 10 pounds." They evaluate the evidence in the research literature on the prescription of pharmacotherapy and behavioral therapy and advise psychiatrists on when to treat a patient themselves and when to seek referral to a specialized center. Finally, as in all the articles in this series, Drs. Atia and Walsh conclude with personal recommendations on how they would proceed with a case similar to the one portrayed in the vignette.

I hope that you find these cases stimulating and, in particular, that they help you recognize what you are learning against the scope of practice of other psychiatrists.

Robert Freedman, M.D.

1

The Resident's Journal is sent free-of-charge to all psychiatry residents. Anyone interested in being included on the distribution list should contact Lisa Devine, the Residents' Journal staff editor at [ajp@psych.org](mailto:ajp@psych.org) with "Subscribe to Residents' Journal" in the subject line.



For free listing of your organization's official annual or regional meeting, please send us the following information: sponsor, location, inclusive dates, type and number of continuing education credits (if available), and the name, address, and telephone number of the person or group to contact for more information. In order for an event to appear in our listing, all notices and changes must be received at least 6 months in advance of the meeting and should be addressed to:

Calendar, American Journal of Psychiatry, 1000 Wilson Boulevard, Suite 1825, Arlington, VA 22209-3901, [jblair@psych.org](mailto:jblair@psych.org) (e-mail).

Because of space limitations, only listings of meetings of the greatest interest to Journal readers will be included.

## FEBRUARY 2008

**February 27–March 2**, Annual meeting of the American College of Psychiatrists, Kauai, Hawaii. Contact: American College of Psychiatrists, 122 S. Michigan Ave., Ste. 1360, Chicago, IL 60603; (312) 662-1020 (tel), (312) 662-1025 (fax), [maureen@acpsych.org](mailto:maureen@acpsych.org) (e-mail).

## MARCH

**March 1–4**, 19th Annual Meeting of the American Neuropsychiatric Association, Savannah, GA. Contact: ANPA Office; (614) 447-2077 (tel), (614) 263-4366 (fax), [anpa@osu.edu](mailto:anpa@osu.edu) (e-mail), [www.anpaonline.org](http://www.anpaonline.org) (web site).

**March 14–17**, 21st Annual Meeting of the American Association for Geriatric Psychiatry, Orlando. Contact: AAGP, 7910 Woodmont Ave., Ste. 1050, Bethesda, MD 20814-3004; (301) 654-7850 (tel), (301) 654-4137 (fax), [www.aagpmeeting.org](http://www.aagpmeeting.org) (web site).

**March 15**, 7th Annual Women's Mental Health Symposium, Tucson, AZ. Contact: Professional Development Office, University of Arizona College of Medicine, Department of Psychiatry, PO Box 245002, 1501 N. Campbell Ave. #7423, Tucson, AZ 85724-5002; (520) 626-1392 (tel), (520) 626-5732 (fax), [uapsycon@email.arizona.edu](mailto:uapsycon@email.arizona.edu) (e-mail), [www.psychiatry.arizona.edu](http://www.psychiatry.arizona.edu) (web site).

**March 26–29**, Annual Meeting and Scientific Sessions of the Society of Behavioral Medicine, San Diego. Contact: Society of Behavioral Medicine, 17000 Commerce Parkway, Ste. C, Mount Laurel, NJ 08054; (856) 439-1297 (tel), (856) 439-0525 (fax), [info@sbm.org](mailto:info@sbm.org) (e-mail).

## APRIL

**April 4–5**, The Seventh Annual Pharmacogenetics in Psychiatry Meeting, New York, NY. Contact: Patricia Raikos, The Zucker Hillside Hospital, 75-59 263rd Street, Glen Oaks, NY 11004; (718) 470-8418 (tel), (718) 343-1659 (fax), [praikos@nshs.edu](mailto:praikos@nshs.edu) (e-mail), [www.pharmacogeneticsinpsychiatry.com](http://www.pharmacogeneticsinpsychiatry.com) (web site).

**April 5–9**, 16th European Congress of Psychiatry, Nice, France. Contact: Congress Secretariat, Kenes International, 17 Rue du Cendrier, PO Box 1726, CH-1211 Geneva 1, Switzerland; (41) 22 908 0488 (tel), (41) 22 732 2850 (fax), [aep@kenes.com](mailto:aep@kenes.com) (e-mail).

## MAY

**May 1–4**, The 52nd Annual Meeting of the American Academy of Psychoanalysis and Dynamic Psychiatry, Washington, DC. Contact: Executive Office, American Academy of Psychoanalysis and Dynamic Psychiatry, P. O. Box 30, Bloomfield, CT 06002; (888) 691-8281 (tel), (860) 286-0787 (fax), [info@aapdp.org](mailto:info@aapdp.org) (e-mail) [www.aapdp.org](http://www.aapdp.org) (web site).

**May 3–4**, American Academy of Psychiatry and the Law Semiannual Meeting, Washington, D.C. Contact: One Regency Drive, PO Box 30, Bloomfield, CT 06002-0030; (800) 331-1389, (tel) (860) 286-0787 (fax), [execoff@aapl.org](mailto:execoff@aapl.org) (e-mail).

**May 3–8**, 161st Annual Meeting of the American Psychiatric Association, Washington, DC. Contact: Cathy Nash, APA Annual Meetings Dept., 1000 Wilson Blvd., Ste. 1825, Arlington, VA 22209; (703) 907-7822.

**May 11–14**, World Psychiatric Association Epidemiology & Public Health Section Meeting, Saskatoon, Saskatchewan. Contact: Karen E. Mosier, Saskatchewan Health Organization for Research and Evaluation (SHORE), Department of

Psychiatry, Ellis Hall, Room 110; (306) 966-1840 (tel), (306) 966-8761 (fax), [karen.mosier@usask.ca](mailto:karen.mosier@usask.ca) (e-mail), <http://www.medicine.usask.ca/psychiatry/wpa2008/>.

**May 29–31**, International Congress of Dual Pathology 2008, Madrid. Contact: Technical Secretariat, Tilesa OPC, Londres, 17 - 28028, Madrid, Spain; (34) 91 361 12600 (tel), (34) 91 355 9208, [secretariat@cipd2008.com](mailto:secretariat@cipd2008.com) (e-mail), [www.cipd2008.com](http://www.cipd2008.com) (web site).

## JUNE

**June 18–22**, American Psychoanalytic Association 97th Annual Meeting, Atlanta, GA. Contact: Dottie Jeffries, Director of Public Affairs, 212-752-0450 x29 (tel), [djeffries@apsa.org](mailto:djeffries@apsa.org) (e-mail).

**June 19–21**, Thematic Conference on Depression and Relevant Psychiatric Condition in Primary Care, Granada, Spain. Contact: Francisco Torres-González, Andalusian Research Group on Mental Health, University of Granada, Avenida de Madrid 11, Granada 18071, Spain; (34) 958-272651 (tel), (34) 958-275214 (fax), [ftorres@ugr.es](mailto:ftorres@ugr.es) (e-mail).

## OCTOBER

**October 2–5**, 60th Institute on Psychiatric Services, American Psychiatric Association, Chicago, IL. Contact: Jill Gruber, APA Annual Meetings Dept., 1000 Wilson Blvd., Ste. 1825, Arlington, VA 22209; (703) 907-7815.

**October 28–November 2**, 55th Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Chicago. Contact: AACAP, 3615 Wisconsin Avenue, N.W., Washington, DC 20016-3007; (202) 966-7300 (tel), (202) 966-2891 (fax), [meetings@aacap.org](mailto:meetings@aacap.org) (e-mail), [www.aacap.org](http://www.aacap.org) (web site).

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## NOVEMBER

**November 23–28**, Canadian Psychiatric Association 58th Annual Meeting, Vancouver, British Columbia, Canada. Contact: 260-441 MacLaren Street, Ottawa, ON K2P 2H3, Canada; (800) 267-1555 (tel), (613) 234-9857 (fax), cpa@medical.org (e-mail).

## FEBRUARY 2009

**February 25–March 1**, American College of Psychiatrists Annual Meeting, Tucson, AZ. Contact: 122 South Michigan Avenue, Suite 1360, Chicago, IL 60603; (312) 662-1020 (tel), (312) 662-1025 (fax), angel@ACPsych.org (e-mail).

## MAY

**May 16–21**, 162nd Annual Meeting of the American Psychiatric Association, San Francisco. Contact: Cathy Nash, APA Annual Meetings Dept., 1000 Wilson Blvd., Ste. 1825, Arlington, VA 22209; (703) 907-7822.

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## Coming in the February 2008 issue

### THE AMERICAN JOURNAL OF PSYCHIATRY

#### *The MATRICS Consensus Cognitive Battery: Part 1. Test Selection, Reliability, and Validity*

K. Nuechterlein, M. Green, R. Kern, L. Baade, D. Barch, J. Cohen, S. Essock, W. Fenton, F. Frese, J. Gold, T. Goldberg, R. Heaton, R. Keefe, H.C. Kraemer, R. Mesholam-Gately, L. Seidman, E. Stover, D. Weinberger, A. Young, S. Zalcman, and S. Marder

#### *The MATRICS Consensus Cognitive Battery: Part 2. Co-Norming and Standardization*

R. Kern, K. Nuechterlein, M. Green, L. Baade, W. Fenton, J. Gold, R. Keefe, R. Mesholam-Gately, J. Mintz, L. Seidman, E. Stover, and S. Marder

#### *Functional Co-Primary Measures for Clinical Trials in Schizophrenia: Results From the MATRICS Psychometric and Standardization Study*

M. Green, K. Nuechterlein, R. Kern, L. Baade, W. Fenton, J. Gold, R. Keefe, R. Mesholam-Gately, L. Seidman, E. Stover, and S. Marder

#### *Hippocampal Morphology and Distinguishing Late-Onset From Early-Onset Elderly Depression*

M. Ballmaier, K. Narr, A. Toga, V. Elderkin-Thompson, P. Thompson, L. Hamilton, E. Haroon, D. Pham, A. Heinz, and A. Kumar