The Primary Care Companion

EDITORIAL

Welcome to Our First Web-Based Issue!

Welcome to our first Web-based issue! You will see that not much has changed, and that the *Companion* is also completely different. We still have high-quality content—but we are able to bring you a much fuller table of contents because we are freed from print page limits. The content is still peer-reviewed, and all articles are listed in PubMed, but soon you will also be able to rapidly jump to other links as you pursue the information you need for your practice. As authors adjust to the possibilities of expanding their presentation of materials, we will bring you additional resources related to the content in their publications, as well as dynamic ways of viewing data and of pursuing the "conversation" that develops as multiple authors investigate an area over time.

The content in this issue targets you as a clinician interested in primary care and psychiatry. Two articles address concerns related to diabetes and depression. Using the Sequenced Treatment Alternatives to Relieve Depression data, Bryan et al explore the experience of side effects by diabetics. Do they experience more or less? Are they more or less impaired by side effects? Read the article to find out. Also, as clinicians, we arm our diabetic patients with a potentially lethal tool, the insulin syringe. Are diabetic patients more likely to become depressed? Is insulin used in suicidal acts? How can we manage such patients when they are suicidal? Again, the answers are a click away in this article by Russell et al.

Tamburrino et al investigate antidepressant adherence in depressed patients. How do patients want to learn about their depression? Are primary care patients more or less severely depressed than those in psychiatric practice? How can we improve adherence to antidepressants? The answers to these questions and more are provided in this article.

Bipolar disease—we increasingly consider it as part of what we manage in primary care. In this issue, Lydiard et al and Manning and McElroy both discuss use of newer atypical antipsychotics and their role in treating bipolar disease. What is the time course to response? Do they work over the long term? What happens to symptoms of anxiety in treated bipolar patients? Does initial anxiety level predict response? The answers are all here.

That shy or withdrawn patient—the one we rarely see—could it be social anxiety disorder at work? Seeley-Wait et al present evidence that a 3-question screen can efficiently lead to recognition of social anxiety disorder. Do you know what the 3 questions are?

In primary care, we have the privilege of long-term relationships with families and patients—and with it the responsibility to provide early recognition and intervention for serious disease. While many of us do not routinely provide the main psychiatric care of psychotic patients in our practice, we do watch these patients grow up, and the symptoms emerge from early warning signs to full-blown disease over time. Thomas et al discuss the early intervention approach in one community. Did delayed recognition of psychotic disease affect outcomes? What clinical and social factors are associated with such delays? Were those in whom recognition and intervention were delayed more likely to be men or women?

Diabetes, depression, bipolar disease, psychosis—all covered in this issue. But that is not the full extent of the interplay of psychiatric illness and primary care. We also address the use of a serotonin-norepinephrine reuptake inhibitor (duloxetine) in fibromyalgia (Arnold et al: Does it really improve function at work and in family life? Do men respond better than women?), as well as the impact and management of excessive sleepiness (Schwartz et al: How should we organize our understanding of sleep and sleep problems? Do circadian rhythm issues and sleepiness involve the same dynamics? Are there treatments that make sense for the mundane problems such as shift work sleep difficulties that we come across in practice?).

Our practices include not only patients with problems we see regularly and have treatments for, but also those with less frequent problems such as obsessive-compulsive disorder, and even among these, we sometimes see patients with refractory problems. In such cases, understanding the leading edge of treatment innovation can be helpful as we search for effective treatments. Does transcranial magnetic stimulation (TMS) offer hope for such patients? Ruffini et al address this question and the impact of TMS on depressive and anxiety symptoms in such patients. This article also can be used to gain CME credit—check it out!

So, welcome to our first Web-based issue. The transition from print provides us with the opportunity to open to you a richer and fuller range of new information to inform your practice. In coming issues, watch for further innovations, as we and authors transition to this new mode. One final note, the *Companion* continues to be distributed at no cost to readers. Given the new media, we no longer need to restrict our circulation. If you have a practice associate or staff member, a student, a resident, or another professional acquaintance who would benefit from receiving the *Companion*, please encourage them to subscribe by registering today.

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