

## In Service of Psychiatry and Primary Care: Celebrating 9 Years

With this issue, *The Primary Care Companion to The Journal of Clinical Psychiatry* is entering its ninth volume, and its third since joining the ranks of peer-reviewed journals included in the PubMed Central service of the National Library of Medicine. These years have seen a dramatic growth and maturing of the Companion. Our content continues to be available without charge as full-text PDF files from <http://www.primarycarecompanion.com> and is included in the scientific content of an innovative Web site, Medfair.com (an online medical convention where Sebastian will guide you through a range of offerings of value to the practicing physician). We have seen an evolution of the content submitted to the Companion, reflective of an increased awareness of both the importance of the psychiatric dimension of primary care and the value of the Companion in providing its print and Web readership with the latest insights into the full spectrum of this dimension. The Companion continues to serve as the publication of the Association of Medicine and Psychiatry and to benefit from contributions of its members.

Over the year, we have seen a significant broadening of the manuscripts submitted and published in the Companion. These have included a breadth of psychiatric topics, such as depression and the anxiety disorders, sleep-related problems, attention-deficit/hyperactivity disorder, personality disorders, pathological gambling, alcohol and substance-related problems, Alzheimer's disease, schizophrenia, bipolar disorder, and suicide. However, the consistent and guiding principle related to editorial decisions regarding the content of the Companion is that content must be of value to the practicing primary care physician. With this in mind, we also have published articles related to the interface of psychiatry and medical conditions and to the process of care in the primary care setting. In the past year, these have included articles addressing the following:

- **Disease-specific topics:** the psychiatric aspects of stroke, metabolic disorders, pain, HIV disease, movement disorders, chronic obstructive pulmonary disease, hepatitis C, and Sturge-Weber syndrome.
- **Critical aspects of the delivery of care:** the use of electronic medical records to enhance primary care of depression, depression in the emergency department, the psychiatric aspects of primary care preparedness for disasters, the psychiatric aspects of dying, screening for disorders and the use of algorithms to guide management of psychiatric disorders, patient education, and other interventions to improve treatment adherence.
- **Important subjects of topical interest:** Issues such as posttraumatic stress disorder in military veterans and the effectiveness of community care interventions to ameliorate the impact of closure of a state geropsychiatric ward.

We include articles providing in-depth insights into the use of a range of psychiatric medications, counseling, and psychotherapies in the primary care setting. Some articles include presentation of data available only from the pharmaceutical industry and therefore at times involve authors who have received industry support. These articles undergo careful review by at least 2 or 3 reviewers from our Editorial Board and the academic community, as well as internal review. This process assures that the interests of the readership are served through the provision of unbiased insights useful in daily practice. They often provide important insights into the controversies related to treatment that have practical impact on our patients, for example, the effects of some medications on cholesterol and lipids and body weight, the use of antidepressants for somatic pain, the range of patients who might benefit from medications for Alzheimer's disease and the variety of outcomes to be considered

in deciding whether there is benefit to the patient and family, and the appropriate goals for the treatment of major depression.

Our supplements provide an additional opportunity for the reader to explore in depth a timely topic. These include clinical guidance ranging from understanding a condition's epidemiology and its use in recognition and assessment, to the full evaluation of patients and consideration of the issues important to treatment decisions and to long-term management. Supplements also provide up-to-date, in-depth reviews of our understanding of the pathophysiology of a condition and the effects of specific treatments.

Our focus for the Companion is presentation of new original research or articles synthesizing research in key areas; however, in keeping with our guiding principle of being of use in practice, we include additional content. Over the past year, we have begun to regularly publish case reports. These usually are letters to the editor, but if adequately researched, may qualify as articles. They harvest important information of value beyond specific patient experiences through reporting and reflecting on raw clinical data, including that which is available only through experience in primary care. Again, the guiding principle is that they provide important information for primary care, including through increasing awareness of the range of unusual presentations and treatment effects.

We include additional content that helps the reader use the latest information in their daily clinical practice. This includes the Psychotherapy Casebook, Rounds in the General Hospital, Psychiatric Briefs, and Academic Highlights. Finally, we offer insights into the daily life of a practicing physician through the Diary From the Front Lines, which chronicles a blend of interesting cases, practice pearls, and reflections on the impact of being a psychiatrically attuned primary care physician. In this issue, we are adding a Reflections venue to further explore this latter dimension.

Our content has also benefited from a growing stream of submissions from countries other than the United States. These articles can be of great interest, both through providing information regarding the range of ways in which psychiatric and primary care relate and are intertwined and through insights into the types of presentation and course of illness in various cultures.

As we begin our ninth year, we invite you to participate in the Companion, through submission of your own experience or original research, through its use as a resource in applying new knowledge in the care of your patients, or through its use as a valued source of free CME, including through our Web site and supplements. The coming year, leading up to our tenth volume, as reflected in the content of this issue, is already shaping up to be a year of further growth and even greater value to the primary care physician who is seeking expertise in the management of the psychiatric aspects of their patients and practices.

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