



PREFACE

What's in Store in this Special Issue on Clinical Psychiatry: A Preface

1. Introduction

The concept of having a special issue of the *Journal of Experimental and Clinical Medicine (JECM)* was the brainchild of Chuang C. Chiueh, the newly appointed Editor-in-Chief. He told me of the articles published in one special issue that had been contributed by speakers at a symposium on "Neurobiology of NO and OH," producing a group of highly cited articles in the *Annals of the New York Academy of Sciences*. In the *JECM* (www.jecm-online.com), the first special issue was published on human motion analysis, and the second on oncology, these appearing in the October 2011 and December 2011 issues, respectively, of the *JECM*. This third special issue, published in April 2012, is on clinical psychiatry.

2. Contents of this special issue

2.1. The first section, on disaster psychiatry

My immediate thought of what might be the main theme in clinical psychiatry in Taiwan is "disaster psychiatry"¹ because this has been a recurrent theme in the *Taiwanese Journal of Psychiatry* (Taipei), of which I am Editor-in-Chief, and at the World Psychiatric Association Regional Meeting-Kaohsiung, November 3–5, 2011, for which I chaired the scientific program committee.

The first thematic section of this issue includes two invited reviews on disaster psychiatry. In the first review, "Disaster Psychiatry in Taiwan," Huei-Wen Angela Lo, Chao-Yueh Su, and Frank Huang-Chih Chou review 33 published articles from Taiwan from 2001 to 2011 on disaster psychiatry, mainly on experiences from the 1999 Chi Chi Earthquake and the 2009 Morakot Typhoon. In this review, major depressive episodes and post-traumatic stress disorder have been found to be the most common disaster-related psychiatric diagnoses. The articles also call for training enough specialists, for guidelines for standard clinical treatment, and for the creation of a standard operating procedure to reduce traumatic conditions after a disaster in Taiwan.

Based on global experiences, Helen Herrman, in the second review, "Promoting Mental Health and Resilience after a Disaster," advocates effective interventions to promote mental health and resilience after a disaster, focusing on self-efficacy and community participation. She describes in detail in both theoretical and practical terms how to promote mental health and resilience. She also stresses the need for program evaluation and refinement as well as for good practice after a disaster.

2.2. The second section, on psychiatric diseases

In the second thematic section, the diagnoses and treatment of four psychiatric diseases or clinical conditions are included.

In the first review "Generalized Anxiety Disorder: The Review of Recent Findings," Christer Allgulander defines the diagnosis of generalized anxiety disorder (GAD), encompassing cognitive dysfunction, physical symptoms, and an impairment in work capacity, relationships, and leisure activities. He also stresses that the presence of GAD is a risk factor for somatic complications and for lowered adherence to somatic treatments. Finally, he provides an update on GAD treatment using cognitive-behavioral therapy and/or medication.

In the second review, "Overview of the Diagnosis and Treatment of Stuttering," Gerald A. Maguire, Christopher Y. Yeh, and Brandon S. Ito describe stuttering as a speech disorder with anxiety and cognitive avoidance. In addition, they outline the proposed changes in the diagnostic criteria for stuttering as given in the fifth edition of the *Diagnostic and Statistical and Manual of Mental Disorders (DSM-5)* by the American Psychiatric Association (www.dsm5.org). They also review the physiological etiology and provide insights into new strategies to treat stuttering. Finally, they address the need to focus on all aspects of stuttering and its treatment using a multidisciplinary approach.

In the last review in this section, "Evolutional Concept of Definition of Treatment-resistant Schizophrenia," Juan D. Molina, Ana B. Jiménez-González, Francisco López-Muñoz, and Fernando Cañas have reviewed the criteria for treatment resistance that were proposed by Kane et al. in 1988, Brenner et al. in 1990, and Meltzer in 1992. They believe that these concepts should be more inclusive in the current vision of treatment-resistant schizophrenia as they could contribute a notion of a continuum whose response levels could range up to the recovery of premorbid functioning with regard to the individual's life expectations.

In their case report on "Creutzfeldt Jacob Disease," Shu-Ping Chao and Yu-Hsuan Han describe a retired 85-year old Taiwanese professor who had lived in the United States of America. The patient had suffered from an initial rapid course of forgetfulness, personality change, and sleep disorder, followed by visual manifestations, dyspraxia, dysarthria, and myoclonic jerks. He showed a cortical ribbon sign and basal nuclear hyperintensity lesion in both fluid-attenuated inversion recovery images on magnetic resonance imaging and bilateral periodic sharp wave complexes on the EEG tracings. The authors suggest that making the diagnosis of Creutzfeldt Jacob disease is difficult and challenging during the early course of the disease.

2.3. The third section, on substances (therapeutic drugs and abused substances)

The third thematic section of this issue is on substances, which in psychiatric terms include treatment medications (e.g., prescribed hypnotic drugs) and drug of abuse (e.g., alcohol).

In the first review article, "Metabolic and Cardiovascular Adverse Effects Associated with Treatment with Antipsychotic Drugs," Shen-Chieh Chang and Mong-Liang Lu describe antipsychotic-induced weight gain, type 2 diabetes mellitus, and cardiovascular disease. They then explore the risk factors and possible underlying pathophysiology. To control these side effects, they suggest close monitoring, psycho-education for lifestyle changes, and the use of medications such as metformin, topiramate, amantadine, and so on.

In the regular article, "Complex Behaviors Related to Zolpidem: An Analysis of Published Clinical Cases from Taiwan," Ana Isabel Wu-Chou and Winston W. Shen review the magnitude of this problem and provide possible explanations. They summarize 15 case reports and 5 clinical studies of zolpidem-related adverse effects in Taiwan, and review concerns about the safety of zolpidem that have been voiced in recent years by authors internationally. They suggest that clinicians should prescribe more antidepressants to treat underlying diseases presenting with insomnia (such as major depressive disorder or GAD).

In the meta-analytic article "Increases in Brain-derived Neurotrophic Factor in Patients with Schizophrenia with Olanzapine Treatment," Pao-Yen Lin has found that serum levels of brain-derived neurotrophic factor (BDNF) were found to be mildly but significantly increased after antipsychotic treatment ($p < 0.05$). BDNF levels were significantly increased only with olanzapine treatment ($p < 0.001$), but not with risperidone or other antipsychotic treatments. He suggests a differential effect of antipsychotic drugs on serum BDNF levels in patients with schizophrenia, and speculates that serum BDNF may play a role in the disease process of a subset of patients, related to the use of antipsychotic agents.

In the final review, "Alcohol Dependence in Taiwan: From Epidemiology to Biomedicine," Ming-Chyi Huang and Chiao-Chicy Chen have reviewed the literature on the prevalence of alcohol dependence among different ethnic populations. The heritability of alcohol dependence is estimated at roughly 50% to 60%. Until recently, the only genes established as affecting the risk for alcohol dependence are those encoding several alcohol-metabolizing enzymes, such as *ADH1B* and *ALDH2*. Huang and Chen have also found that alcohol intake produces long-lasting neuroadaptation, which is involved in developing and maintaining alcohol dependence. All the evidence presented provides an insight into understanding the mechanisms of how alcohol disrupts the synergistic homeostasis of body systems and results in behavioral and physiological dysfunction.

2.4. The fourth section, on psychosocial topics

The final thematic section of this special issue is on psychiatric psychosocial topics. In the regular paper "Donating a Kidney in Taiwan," Eng-Kung Yeh, Hai Gao Hwu, and Agnes C. C. Wu report the decision-making process behind how a parent decides to

donate a kidney to a beloved child with end-stage renal disease who needs a kidney transplant. This article is based on interview data collected in the mid-1970s to mid-1980s when the authors interviewed 90 living relatives of the candidates for receiving a kidney transplant in Taiwan. These old data have provided a new insight into understanding the parental decision-making process behind donating a kidney in the context of psychosocial culture in Taiwan.

2.5. House-keeping business

Besides the articles dealing with the science, this issue also has a house-keeping editorial note, written by Chiueh, the newly appointed Editor-in-Chief of the *JECM*. In this note, he announces the briefing of the March 2012 Editorial Board Meeting and the special *JECM* conference on "Do's and Don'ts in Manuscript Preparation," as well as writing a thank you note to his predecessor, Edwin L. Cooper, the Emeritus *JECM* Editor-in-Chief, for his outstanding service in the past two years.

3. Looking to the future in the *JECM*

I would like to thank Chiueh for providing this opportunity to publish this special issue on clinical psychiatry, the third special issue in the journal's publication history. After publishing this April 2012 issue on clinical psychiatry, I believe that the contents of future articles in the *JECM* will no longer be the same—acting as a herald for more psychiatric authors submitting articles to the journal.

In conclusion, readers of the *JECM* will in future have the chance to read more new articles on various psychiatric topics. At the time of going to press, we have just received a review on "Roles of Glycogen Synthase Kinase-3 (GSK3) in Alzheimer's Disease: From Pathology to Treatment Target," written by Hsing-Cheng Liu and Sy-Jye Leu of Taipei, Taiwan, as well as De-Maw Chuang, Bethesda, Maryland, USA.² In anticipation, we are also scheduled to receive more articles, such as "Drug Treatment for Autistic Spectrum Disorders," written by Luke Y. Tsai of Ann Arbor, Michigan, USA. These psychiatric articles will be scattered in future standard issues or appropriate special issues of the *JECM*. Stay tuned to read more on psychiatric advances.

References

1. Lo AH, Chen CC, Chou FH, Chang HT. The comparison of prevalence of post-traumatic stress symptoms between post-Chi-Chi earthquake survivors and post-Morakot flood survivors. *Taiwanese Journal of Psychiatry* (Taipei) 2011;25:167–79.
2. Liu HC, Leu SJ, Chuang DW. Roles of glycogen synthase kinase 3 in Alzheimer's disease: from pathology to treatment target. *Journal of Experimental and Clinical Medicine JECM* in press.

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