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Psychiatry Update: Current Research and Other New Developments

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The field of psychiatry has evolved dramatically over the last several decades. To demonstrate some aspects of this progress, the articles featured in this section of the *Journal* present an interesting and diverse picture of research in the Department of Psychiatry at Henry Ford Hospital.

In 1980, the American Psychiatric Association published the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III), a criteria-based psychiatric nosology. Using the DSM-III criteria, the first national study of the prevalence of psychiatric disorders in the United States took place in five cities in the early 1980s. This study used a fully structured diagnostic interview incorporating the DSM-III criteria (called the National Institute of Mental Health-Diagnostic Interview Schedule [NIMH-DIS]). Reports that have emanated from this study have had an enormous impact on our understanding of psychiatry epidemiology, the prevalence and distribution of disorders, risk factors, and comorbidity (individuals with more than one psychiatric disorder) in the population.

While onset of psychiatric disorders occurs largely during the teens and twenties, there have been few studies of the health and well-being of young adults. Breslau et al (pp. 198-201) use the NIMH-DIS in an epidemiologic survey of over 1,000 young adults in urban and suburban Detroit randomly sampled from among all 21- to 30-year-old members of the Health Alliance Plan. Data on health, adjustment, and psychiatric disorders were obtained by trained surveyors conducting in-home interviews. These young adults provide an excellent population for examining factors associated with risk for the development of psychiatric disorders and functional impairment. The authors describe the physical health, prevalence of drug dependence (including nicotine dependence), migraine headaches, depression, and anxiety disorders in these health maintenance organization members.

One of the most exciting developments of the last decade has been the appearance of noninvasive in vivo techniques for examining the structure and function of the brain. Many of these techniques can image small areas of the brain which may allow identification of structures responsible for psychiatric diseases or, at least, the symptoms of disease. Regional cerebral blood flow is among the oldest of the in vivo functional measures used to examine the brain. Blood flow is measured using noninvasive inhalation of radioactive xenon gas. Goldstein et al (pp. 202-206) compare the regional cerebral blood flow of schizophrenics, those with major depression, and age-matched controls. While finding no group differences among patients, they report a number of interesting associations, for example, between blood flow and neuroleptic dose and blood flow and age.

Arteriosclerotic heart disease remains a major cause of death in the United States. While serum cholesterol and saturated fat, hypertension, and other biological indices serve to predict the risk of coronary artery disease, behavioral measures have powerful predictive value as well. For a number of years investigators have attempted to identify the pathogenic components of one behavioral risk factor, "Type A behavior." Ketterer (pp. 207-212) examines "aggravation, irritation, anger, and impatience" (AIAI), a key component of type A behavior, and describes the relationship of AIAI to the severity of coronary artery disease. Investigations such as Ketterer's may lead to an understanding of the biological basis of behavior, as well as provide behavioral interventions that will reduce the risk of coronary artery disease.

The goal of research, in the end, is to assist in the assessment, prevention, and treatment of disease. Fisk and Del Dotto (pp. 213-218) illustrate, by way of case reports, the difficulty of using neuropsychometric measures to predict intellectual and cognitive outcomes of brain tumors in neurosurgically treated patients. Patients with brain tumors often recover function unexpectedly, despite the location and size of the lesion. The authors review variables related to the disease process, treatment effects, and subject characteristics thought to be relevant to the neuropsychological status of the patient.

The Sleep Disorders Center at Henry Ford Hospital resides in the Department of Psychiatry. If this seems strange, one must realize that psychiatrists were among the first physicians to recognize that the study of the regulation of sleep might provide insight into the mechanisms of illness. Psychiatric disorders such as depression are associated with profound disturbances of sleep.

The last two articles in this section present findings on two "primary" sleep disorders, narcolepsy and obstructive sleep apnea. In the first, Stepanski et al (pp. 219-222) examine the pres-

ence of psychopathology in patients with narcolepsy (a sleep disorder characterized by "sleep attacks"), patients with excessive daytime sleepiness, and normal controls. They found that both patient groups had higher levels of psychological distress characterized by somatic complaints, tension, and depressive and anxious symptoms.

Zorick et al (pp. 223-226) present the results of a multidisciplinary study of another primary sleep disorder, obstructive sleep apnea. Several treatments are available for this disturbing disorder, including nasal continuous positive airway pressure (CPAP) and a surgical alternative, uvulopalatopharyngoplasty (UPPP). Zorick et al compare the outcomes of these two treatments in a large series of sleep apnea patients.

Taken together, these six articles provide a glimpse of the diversity of research in our field and a window on Henry Ford Hospital's Department of Psychiatry.

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