

Catching Up Clinically

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This month's issue of Primary Psychiatry contains papers and correspondence that address a diverse group of topics. All serve improve clinical understanding of patients and their treatment. Mark Zimmerman, MD, and colleagues, contribute a review article on efforts to improve quality of care in psychiatry without measuring outcome. The authors make the important point that psychiatry is the only medical discipline in which quantified measurements of outcome are not the standard of care. I might add that the absence of routine outcomes measurement not only leads to diagnostic errors, but also to physician underestimation of adverse prevalence and severity. They focus on the fact that diagnostically diverse psychiatric outpatients have clinically significant anxiety or depression upon presentation for treatment, which argues for the need to have a mechanism for the routine assessment of anxiety and depression in clinical practice. The authors note that the tools and technology now exist to overcome challenges posed by a measurement-based care approach towards care, and that this will lead to routine use of measurement tools in clinical practice. Zimmerman discloses that he holds ownership in a Website that provides outcomes measurement tools.

Jagoda Pasic, MD, PhD, and colleagues, review cultural issues regarding Muslim patients in emergency psychiatry. The rapid growth of the United States Muslim population is marked by groups representing a diverse array of cultures and racial backgrounds, speakers of different languages, and adherents to different sects within Islam. The authors argue that clinicians who provide care to Muslim patients should learn about locally predominant Muslims and their customs and seek to enhance their cultural competence. In so doing, it may avoid adverse outcomes and improve patient care, especially in the psychiatric emergency room setting.

In an article about subjective incompetence and demoralization in cancer patients without mental disorders, Cheryl A. Cockram, PhD, and colleagues note that demoralization is "the state of mind" of many individuals experiencing stress, and that demoralization represents a confluence of distress and subjective incompetence. They define subjective

incompetence as "a self-perceived incapacity to perform tasks and express feelings deemed appropriate in a situation perceived as stressful, resulting in pervasive uncertainty and doubts about the future." The authors hope that the distinctions made in their article will help clinicians to better understand the nature of the nuanced clinical manifestations often seen in patients experiencing stressful situations or depression.

Ashish Aggarwal, and colleagues, provide a case report about varicose veins in obsessive-compulsive disorder (OCD) due to pathological doubts. Chronic uncertainty is a common symptom of OCD and a reason it is also sometimes called "The Doubting Disease."

Finally, a letter to the editor submitted by Roger Sparhawk, MD addresses treatment of mood disorders and the omission of lamotrigine in a recent article as a prototypical bipolar antidepressant. **PP**

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