

This Month's Highlights

♦ Issues in the Use of Second-Generation Antipsychotics

It is now generally accepted that the use of the newer antipsychotics in the treatment of schizophrenia represents an advance over use of conventional agents. However, issues remain, including the problem of adherence and reports that second-generation antipsychotics may increase the risk of diabetes. These subjects are examined in two *Psychiatric Services* articles this month. In the first, Samuel J. Keith, M.D., and his colleagues note that long-acting formulations of conventional antipsychotics partly address adherence problems but that their use has been limited by tolerability issues. With the approval last year of long-acting risperidone, a second-generation antipsychotic, physicians have an alternative. The authors provide practical advice to prescribing physicians on which patients might benefit from treatment with long-acting risperidone and offer suggestions on how to initiate treatment safely (see page 997). In the second article, Leslie Citrome, M.D., M.P.H., and his coauthors report the results of a study they conducted to determine whether patients in a large state hospital system who took second-generation antipsychotics were more likely to develop diabetes mellitus than patients who took first-generation antipsychotics (see page 1006).

♦ Aspects of Care for Patients With Bipolar Illness

This issue also includes a pair of articles related to bipolar illness. In the first of these, Martha Sajatovic, M.D., and her colleagues note that despite the existence of comprehensive guidelines for the treatment of bipolar disorder, there remains a scarcity

of evidence-based recommendations that clearly and specifically address aspects of this illness among older persons. This knowledge gap is increasingly problematic as the U.S. population ages. The authors conducted a retrospective analysis of a large Department of Veterans Affairs database to evaluate differences in clinical presentation, health service use, and use of psychotropic medications between older and younger adults with bipolar disorder (see page 1014). In the second article, Deborah A. Perlick, Ph.D., and her coauthors describe their efforts to identify the mediating mechanism through which families' experiences of caregiver burden might impede the recovery of their relatives with bipolar illness (see page 1029).

♦ Multimodal Treatment Patterns Among Youths With ADHD

The prevalence of attention-deficit hyperactivity disorder (ADHD) among school-aged children has been reported to be as high as 16 percent in some studies. Limited success with pharmacotherapy or psychotherapy alone in the treatment of ADHD warrants the use of both types of treatment in combination—or multimodal treatment. Relatively little is known about the variety of treatments that youths with ADHD receive in community outpatient practice settings. Susan dosReis, Ph.D., and her coauthors conducted a study that examined treatment variations among three distinct subpopulations of Medicaid-insured youths with very different mental health needs and patterns of service use: those with federally documented disability, those in foster care, and those in families with low incomes (see page 1041).

♦ Mental Health Care Reform in New Mexico

In September 2003, Governor Bill Richardson of New Mexico announced a major restructuring of Salud—the state's fully capitated Medicaid managed care system for physical and mental health services—and other state-funded behavioral health services. These reforms, intended to decrease time-consuming and duplicative administrative processes and to redirect financial resources from bureaucracy to services, hold much promise. The restructuring is the subject of two State Mental Health Policy columns in this month's issue. In the first column, Cathleen E. Willging, Ph.D., and Rafael M. Semansky, M.P.P., review the essential design issues that will determine whether the reforms will prove successful (see page 974). In the second column, Pamela S. Hyde, J.D., secretary of New Mexico's Human Services Department, describes plans for transforming stewardship for mental health in that state. Together, these columns illustrate that the changes taking place in New Mexico are moving along in a direction recommended by the President's New Freedom Commission on Mental Health (see page 983).

Briefly Noted . . .

- ♦ The authors of this month's Rehab Rounds column explain how a social skills training module was culturally adapted for use in a program in Hong Kong (see page 988).
- ♦ A brief report describes stress reactions among staff of an East Taiwan hospital that discontinued emergency and outpatient services to prevent possible nosocomial outbreak of severe acute respiratory syndrome (SARS) (see page 1055).