

**OPINION / OPINIE**
**The new psychiatry**

**D**octors who qualified a decade or more ago are likely to be experiencing difficulties in keeping up with the changes taking place in the field of psychiatry, and may be surprised to see it assuming an increasingly important role in medicine. There are, of course, good reasons for the emergence of psychiatry as a major clinical specialty. Identification of psychiatric disorders has become far more precise, and at the same time the prospects of a successful outcome to treatment have much improved. Psychiatry has benefitted enormously from the burgeoning of the neurosciences, and a biological basis to many psychiatric disorders traditionally regarded as 'psychological' in nature is increasingly being recognised. Even conditions such as the anxiety disorders, impulse control disorders, substance dependence and characterological disorders have been found to have important biological correlates.<sup>1,2</sup>

There are two major reasons for the fundamental changes taking place in psychiatry. Firstly, an about-face by American psychiatrists has resulted in a shift in emphasis from the analyst's couch to the hospital bed. In other words, there has been a departure from a speculative and philosophical framework to the more empirical medical model. As is the case in other branches of medicine, research designs require meticulous planning, and theories and therapies are subjected to rigorous scientific scrutiny before being incorporated into clinical practice. The development of a rational and objective classification system perhaps best epitomises the new approach, and has paved the way for a more reliable diagnostic process. The third edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III)*<sup>3</sup> was introduced in 1980 after having been extensively researched and validated, and was rapidly adopted world-wide. The impact of DSM-III and its revision<sup>4</sup> in clinical settings, in educating health professionals and in research studies has been remarkable.

Secondly, technological advances have enabled researchers to accurately investigate the neural substrates of cognitive and emotional functions in living subjects. Brain imaging techniques such as magnetic resonance imaging, single-photon emission computed tomography and positron emission tomography are probes that can be used to study both structural and functional aspects of the brain in patients with psychiatric disorders.<sup>5</sup> Psychopharmacology has undergone tremendous expansion. Billions of dollars have been spent on developing an enormous range of drugs that provide effective treatment options for an increasing

number of psychiatric disorders. Psychopharmacology has moved beyond the traditional bounds of anti-psychotic, antidepressant and anxiolytic medications. There are now specific anti-obsessional, anti-panic, anti-bulimic and anti-phobic agents available.<sup>2</sup>

This does not mean that there is no place for the psychological theories in the 'new psychiatry'. On the contrary, it is now recognised that psychotherapy and pharmacotherapy should not be competitive, but rather co-operative, to ensure the most effective treatment for patients with psychiatric disorders. Major changes have occurred in psychology as well, the shift again being from the traditional analytical approach toward psychotherapies with demonstrated efficacy for specific disorders. These therapies are mainly of a cognitive and behavioural nature, and are particularly useful — often in conjunction with medication — in the anxiety and mood disorders.

Integral to the new approach to psychiatry is specificity. Vague diagnoses such as 'anxiety' and 'depression' need to be avoided, as do nonspecific treatments, or a blanket approach of one treatment (e.g. psychotherapy) for all psychiatric disorders. It is necessary for the clinician to make a specific diagnosis (e.g. panic disorder or major depressive disorder), and then to prescribe the appropriate treatment for that particular disorder.

The changes taking place in psychiatry have important implications for the training of medical students, as well as other health care workers. Most up-to-date departments of psychiatry have adjusted their teaching programmes to keep pace with change. Medical faculties also need to recognise the emergence of psychiatry as a major branch of clinical medicine, so that adequate time is allocated for students to acquire the basic knowledge and skills required of them.

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1. Siever LJ, Davis KL. A psychobiological perspective on the personality disorders. *Am J Psychiatry* 1991; **148**: 1647-1658.
2. Meltzer HY, ed. *Psychopharmacology: the Third Generation of Progress*. New York: Raven Press, 1987.
3. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 3rd ed. Washington, DC: APA, 1980.
4. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 3rd ed, rev. Washington, DC: APA, 1987.
5. Andreasen NC. Neuroradiology and neuropsychiatry: a new alliance. *AJNR* 1992; **13**: 841-843.