

Epitomes

Important Advances in Clinical Medicine

Psychiatry

The Scientific Board of the California Medical Association presents the following inventory of items of progress in psychiatry. Each item, in the judgment of a panel of knowledgeable physicians, has recently become reasonably firmly established both as to scientific fact and important clinical significance. The items are presented in simple epitome and an authoritative reference, both to the item itself and to the subject as a whole, is generally given for those who may be unfamiliar with a particular item. The purpose is to assist busy practitioners, students, research workers, or scholars to stay abreast of these items of progress in psychiatry that have recently achieved a substantial degree of authoritative acceptance, whether in their own field of special interest or another.

The items of progress listed below were selected by the Advisory Panel to the Section on Psychiatry of the California Medical Association, and the summaries were prepared under its direction.

Reprint requests to Division of Scientific and Educational Activities,
California Medical Association, PO Box 7690, San Francisco, CA 94120-7690

Cognitive Therapy for Depression and Panic Disorder

COGNITIVE THERAPY is a time-limited, focused form of psychotherapy developed from the finding that psychological disturbances such as depression and panic disorder frequently involve habitual errors in thinking. The underlying theoretic rationale stipulates that the way persons feel and behave is determined by the way they structure their experiences. When patients interpret their problems as hopeless, they will feel sad; when they interpret a situation as dangerous, they will feel anxious and want to escape. Patients with panic disorder constantly misinterpret bodily and mental sensations as signs of imminent catastrophe. Numerous research studies have confirmed that a central feature of depression is the patients' belief that their past is full of failure, their future hopeless, and their present full of defeat and deprivation. They see themselves as undesirable or worthless.

The cognitions, or verbal or pictorial events in patients' streams of consciousness, are related to underlying beliefs, attitudes, and assumptions. Depressed, suicidal patients judge themselves harshly because of a belief that they are inadequate; they may fail to generate plans or strategies to deal with problems because of a belief that they are helpless, and they may reason on the basis of self-defeating assumptions. Patients with a panic disorder ascribe unexpected symptoms as signs they are dying, going crazy, or losing control.

Cognitive therapy has been used successfully for depression, anxiety, phobias, psychosomatic disorders, eating disorders, and chronic pain problems. A combination of verbal procedures and behavioral modification techniques is used within the framework of the cognitive model of psychopathology. The techniques are designed to help patients identify and correct the misinterpretations and dysfunctional beliefs that underlie the cognitions. Patients experience an abatement of symptoms by thinking and acting more realistically and adaptively with regard to their present psychological and situational problems.

More than 25 clinical trials have shown the efficacy of cognitive therapy for unipolar depression. Four studies indi-

cate a lower relapse rate than with antidepressant drugs. In ten studies, patients had a prompt relief of panic attacks with no recurrence over a period of one to two years.

AARON T. BECK, MD
Philadelphia

REFERENCES

- Beck AT, Emery G (with Greenberg RL): Anxiety Disorders and Phobias: A Cognitive Perspective. New York, Basic Books, 1985
- Beck AT, Greenberg RL: Cognitive therapy of panic disorders, *In* Hales RE, Frances AJ (Eds): American Psychiatric Press Review of Psychiatry, Vol 7. Washington, DC, American Psychiatric Press, 1988
- Beck AT, Rush AJ, Shaw BF, et al: Cognitive Therapy of Depression. New York, Guilford Press, 1980

Cross-Cultural Issues and Psychopharmacology in Asian-Americans

ASIAN-AMERICANS ARE DIVERSE and come from many countries. Many have to cope with learning English and adapting to a society that emphasizes European-American values.

Although Asian-Americans have been termed a "model minority" because of academic and work achievements, many refugee Asian immigrants suffer from posttraumatic stress disorder (9.6%) and a substantial number are unemployed (26.5%). There is a need for active outreach to reduce disabilities due to the posttraumatic stress disorder, and efforts toward fuller employment could have positive effects.

Being concerned about the stigma of mental illness, Asian-Americans do not seek services, as do whites and African-Americans, and because mental health services are less available in their home countries, there is no past experience of such use. The present effort of the National Institute of Mental Health to educate all Americans about depression represents a first step in the work that needs to be done to reduce the stigma. In addition, Asians need to be treated by professionals who can speak their languages and are knowledgeable about their cultures.

Active empathy is an important specific therapeutic need among Asians. Not only do they need empathy, as do all patients, but a therapist must actively respond by trying to reduce a troubling symptom, solve an interpersonal conflict, advise on how to cope with problems, and explain how therapy may help by reducing anxiety or depression.

Asians often require reduced doses of psychotropic