Editorial

Discussing resistant and refractory cases in psychiatry

Discutindo casos resistentes e refratários em psiquiatria

During the last few years, the evolution of the psychiatric health care model, which stimulates multidisciplinarity, has been changing not only the psychiatrist's role in the mental health team, but also the psychiatric patients' profile. Other professionals such as general physicians, family physicians, physicians of other specialties, nurses, psychologists and social workers have been involved in the process of therapeutic intervention with patients with mental disorders; as a result, psychiatrists have been treating patients with more severe conditions and who are resistant to the conventional treatments.

Although there are a broad variety of therapeutic options available today, either in terms of psychopharmacologic drugs (such as new and powerful antidepressives, anxiolytics, mood stabilizers and antipsychotics) or psychotherapeutic treatments, many patients do not respond adequately, being resistant and even refractory to conventional treatments, which contributes to turning several mental disorders into chronic diseases. As a consequence, a significant portion of the patients with mental disorders continue presenting symptoms, and this lack of remission leads to the following possible results: 1) greater chance of relapse; 2) continuous social and personal harm; 3) higher need of using the health services, with increased social costs; 4) continuous increase in suicidal risk, use of psychoactive drugs and violence; and 5) worse prognosis for other associated clinical conditions.[1,2] A clear example of this is the fact that patients with residual depressive symptoms present relapse rates of about 75%, while patients without residual symptoms have relapse rates of approximately 25%.[3]

The psychiatrists cannot be satisfied with the simple relief of symptoms, but they have to search for alternative possibilities with the purpose of achieving the remission of the mental disorders that cause so much suffering to their patients. We believe that the future goals of the therapeutic treatments should be: efficacy, fast reduction of the suffering, absence of symptoms after intensive treatment, recovery of the psychosocial functioning, and prevention of future episodes.

In such a context, we consider the following as being extremely important: 1) to recognize the risk factors for insufficient or absent response to the conventional psychiatric treatments, and 2) to identify therapeutic alternatives for these cases. These objectives are valid either for the psychiatrists involved with psychiatric primary care or those whose work is related to the tertiary care services, teaching and researching.

This supplement presents important considerations regarding the etiology and the therapeutic alternatives for resistant and refractory cases of schizophrenia, mood disorders, anxiety disorders, posttraumatic stress disorder and obsessive-compulsive disorder, which are common diseases in the daily practice of the health professional who is involved with clinical psychiatry. The final article of this supplement brings up-to-date knowledge on the non-pharmacological biological alternatives for these resistant

and refractory cases, presenting evidence about the most recent aspects of these approaches.

The publication of scientific information regarding the treatment-resistant psychiatric disorders is highly important for the members of the Brazilian Association of Psychiatry, as well as for other professionals whose work is related to the mental health. Therefore, we provide the readers of *Revista Brasileira de Psiquiatria* with a collection of some articles about this stimulating clinical challenge. We hope these articles can offer some answers and, at the same time, we expect that some questions may incite the current and future researchers of various areas to search for the remission of symptoms and (why not?) the eventual cure of these disorders.

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References

1. Thase ME. Summary: defining remission in patients treated with antidepressants *J Clin Psychiatry*. 1999;60(Suppl 22):35-6.
2. Hirschfeld RM, Keller MB, Panico S, Arons BS, Barlow D, Davidoff F, Endicott J, Froom J, Goldstein M, Gorman JM, Marek RG, Maurer TA, Meyer R, Phillips K, Ross J, Schwenk TL, Sharfstein SS, Thase ME, Wyatt RJ. The National Depressive and Manic-Depressive Association consensus statement on the undertreatment of depression. *JAMA.* 1997;277:333-40.
3. Paykel ES, Ramana R, Cooper Z, Hayhurst H, Kerr J, Barocka A. Residual symptoms after partial remission: an important outcome in depression. *Psychol Med.* 1995;25(6):1171-80.