

Affective Disorders

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Canst thou not minister to a mind diseased Pluck from the memory a rooted sorrow, Raze out the written troubles of the brain, And with some sweet oblivious antidote, Cleanse the stuffed bosom of that perilous Stuff which weights upon the heart?

William Shakespeare, Macbeth

The advances in neurobiology documented comprehensively elsewhere in this volume have been applied to no area of research more so than affective disorders. This is not surprising, considering the magnitude of the public health problem these disorders represent and the long way yet to travel before an understanding of their pathophysiology is realized and optimal treatments are developed. Although the task is daunting, recent progress is heartening and informative. Major depression and bipolar disorder, the most common and severe of the mood disorders, are responsible for much of the suicide in the United States-now the eighth leading cause of death, surpassing HIV infection, in the last 2 years. The Global Burden of Disease report, a collaborative effort of the World Health Organization and the Harvard University School of Public Health, indicated that depression would be the leading cause of morbidity in the developing world in this next century. Between a fourth and a fifth of all women in the United States will experience a major depressive episode in their lifetime. It is now well established that depression is an independent risk factor for

Charles Nemeroff: Department of Psychiatry and Behavioral Sciences, Emory University School of Medicine, Atlanta, Georgia. the development of coronary artery disease, stroke, and perhaps cancer. This section provides succinct yet comprehensive reviews of the most critical areas in mood disorders research by some of the leading investigators in the field. Each contribution highlights one or more major advances in the field.

Thus, there is an appropriate emphasis on the longitudinal course of affective illness and a corresponding criticism of cross-sectional studies. With the maturation of psychiatric epidemiology and the Human Genome Project comes anticipation of elucidation of both risk factors, and susceptibility and resistance genes, respectively. The pathophysiology of these disorders is being scrutinized by a myriad of techniques ranging from cellular and molecular approaches, to structural and functional brain imaging, to light and electron microscopic neuroanatomic investigations. Similar techniques are being utilized to elucidate the mechanism of action of antidepressants, mood stabilizers, and newer treatments including rapid transcranial magnetic stimulation, as well as to identify novel treatments including hormones and hormone antagonists. The data reviewing the efficacy of current and novel treatments are presented, with the realization that too many patients are improved by the current treatment regimens, but far too few achieve complete remission. Appropriately, there is also attention to the pharmacoeconomics of mood disorder treatment.

I am grateful to all of the authors for their painstaking contributions and accept all responsibility for any shortcomings in this section. This section contains much information unknown when the last edition of this book was published. We can all be heartened by the fact that the next edition will similarly replace this present effort.