

# EDITOR'S COMMENT

## Anxious moments



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Anxiety, depression, panic disorder, obsessive-compulsive disorder — I don't know about you, but these kind of problems used to fill me with dread when I was in primary care. I remember one consultation in Labrador many years ago. I was completely burnt out, 2 days off flying back to South Africa for a much-needed holiday, and a young man, married to a woman I knew well as a patient, walked through the door. By this time I had recognised that there was a high level of anxiety, depression and general worry in the population I was doctoring. Not surprising really — I arrived in Labrador just as the cod fishery closed, leaving most people with no work, although they were compensated with a generous package from the Canadian government. But they had time on their hands. Time to sit and think and far too little to do. Anyway, Perry was a case in point. He was an artist when he wasn't a fisherman. I have one of his sealskin paintings on my wall to this day. I had met him once or twice before and he seemed pleasant, easy going and coping well with the cod moratorium. But today he was troubled. However, my mind was elsewhere — worry about blizzards preventing me from getting to St John's for my flight to London being uppermost on my mind. As I listened to him through the fog of my own tiredness I suddenly realised that there was more to this than simple worry. He mentioned that he was hearing voices that told him to do terrible things to his wife and how he was sure she was cheating on him. He also started talking about suicide. I realised that this was something serious, started him on an antidepressant and an antipsychotic and referred him to our excellent Sri Lankan psychiatrist over the water in St Anthony. When I came back from Cape Town 6 weeks later, Perry was well again. He was on maintenance antidepressants and the psychotic features had resolved.

But we all know that problems of anxiety and depression are seldom this easy to diagnose. Worry is a common problem, and often totally appropriate. It is when this worry becomes debilitating and all-consuming that medical help is needed. Being able to distinguish between the various types of anxiety, to recognise when they become pathological and in need of treatment and doing this early in the presentation is extremely difficult. And anxiety is one of the most common problems seen by any GP. This edition of CME provides a wealth of articles looking at just these problems, offering practical ways in which the range of disorders that make up anxiety, depression and panic disorder can be managed in general practice. Soraya Seedat and Dan Stein from the MRC Anxiety and Stress Disorders Unit have pulled together a group of experienced psychiatrists and psychologists, who have done an excellent job of unravelling this complex set of topics.

Elsewhere in the journal, the AIDS review looks at the controversy over how many and which drugs should be used to prevent mother-to-child transmission of HIV and Jenny Edge, a surgeon with a special interest in breast cancer, gives an overview of sentinel node biopsy. All the usual features are back again, since this edition is back to the normal length.

The last edition of CME for 2004 concentrates on medicine in the elderly, so that is something to look forward to. In the meantime, enjoy learning about anxiety, depression and panic disorder.