

Making an impact on clinical practice



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Editor-in-Chief

Great news! The impact factor of *Annals of Clinical Psychiatry* has been calculated. Impact factors are an index of a journal's impact in the field based on how often articles are cited in the literature. Impact factors are calculated by Thomson Reuters and provide a measure of the frequency in which the average article has been cited within a given time period. The impact factor of *Annals* is 2.545; the journal ranked 27th among 110 psychiatric journals, or in the upper 25%. For practical purposes, this means that our journal is making a measurable impact on the field.

The annual American Academy of Clinical Psychiatrists (AACCP) meeting, held in collaboration with CURRENT PSYCHIATRY, took place at the Chicago Marriott Downtown on the "magnificent mile" in Chicago, IL from March 29 to 31, 2012, and was a great success. The meeting, entitled "Psychiatry Update 2012: Solving Clinical Challenges, Improving Patient Care," was outstanding and a record number of participants were exposed to a broad swath of psychiatry: depression, anxiety, insomnia, and cognitive, psychotic, and bipolar disorders. This meeting represents the fourth time that the AACCP has partnered with CURRENT PSYCHIATRY, and the joint effort shows as our attendance continues to climb. Further, our data show that attendees are practicing psychiatrists who, by and large, do not attend the American Psychiatric Association's Annual Meeting. Our meetings serve psychiatrists by providing high-quality education in a convenient location at low cost. This is a meeting of value.

This issue begins with an article by Roger McIntyre, MD, FRCPC, and colleagues that concludes the Canadian Network for Mood and Anxiety Treatments series on rec-

ommendations for treating comorbidities in mood disorders, the rest of which was featured in our February 2012 issue. Paul Perry, PhD, and his colleague authored a useful review of serotonin syndrome compared with neuroleptic malignant syndrome. Because both have common features, this review is important and timely. Other contributions include an article from Jon E. Grant, JD, MD, MPH, and colleagues who used memantine to treat compulsive buying, a disorder for which there is no standard treatment.¹ Rick Howard, PhD, and colleagues present a thought-provoking paper on the continuity of conduct disorder and antisocial personality disorder in which they hypothesize that this pathophysiology is in part mediated by borderline personality features.

Douglas B. Woodruff, MD, and colleagues present a new blood test that could detect bipolar disorder. Rif S. El-Mallakh, MD, and colleagues describe the growing problem of crowding in a busy psychiatric emergency department (ED), and its negative impact on patient care and safety. This is a problem we all need to be concerned about because psychiatric EDs have been closing around the country. Finally, Boaz Levy, PhD, and coworkers find that patients with bipolar disorder have worse cognitive recovery after a mood episode—including memory and executive functioning—if they have co-occurring alcohol dependence. This is another reminder that we must address substance misuse in our patients, which only serves to worsen outcomes.

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REFERENCE

1. Black DW. A review of compulsive buying disorder. *World Psychiatry*. 2007;6:14-18.