Psychiatry Without Psychotherapy?

In their survey of psychotherapy practice by office-based psychiatrists, published in the August 2008 issue of the Archives, Mojtabai and Olfson report a significant decline in the provision of psychotherapy by psychiatrists (from 44.4% to 28.9%) over the 10-year period of 1996 to 2005. They interpret this change as reflecting an ongoing shift away from integrated care (psychiatrists providing both psychotherapy and pharmacotherapy) that is largely driven by financial disincentives to the provision of psychotherapy. For example, they point out that psychiatrists are reimbursed 41% less for a 45-minute psychotherapy session than for three 15-minute sessions of medication management. They also point out that the decline in the provision of psychotherapy is accompanied by an increase in the prescription of medications.

Further, they comment that there may be a “shifting culture” in residency training taking place, as “the newer cohorts of psychiatric trainees may be less motivated to use psychotherapy in their practices.”

We wonder if there is any empirical support for this interpretation, particularly as their study pertained to psychiatrists in practice rather than trainees. Moreover, we recently conducted a national survey of Canadian residents’ perspectives on psychotherapy training, whose findings are in stark contrast to the view of psychiatry trainees that Mojtabai and Olfson espouse. In our study, most graduating residents (84%) anticipated practicing psychotherapy and viewed it as an important component to their work and identities as psychiatrists. Are the therapeutic preferences of emerging Canadian psychiatrists that different from their American counterparts? Or, are we witnessing diverging practice trends between countries, perhaps at least partially driven by disparate reimbursement schemes?

In a letter to the editor published 10 years ago in the Archives, Clemens and Gabbard argued that if psychiatrists abdicate their unique position to integrate biological and psychological facets of treatment, “they will leave a void that no one else can fill.” Considering the perspectives of Canadian residents we surveyed, such a void thankfully does not appear on the horizon. Our findings suggest that there may be cause for optimism about the fate of psychotherapy within psychiatric practice. However, longitudinal or follow-up studies are required to develop a clearer sense of the factors that enable or discourage psychiatrists from providing psychotherapy.

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“Familiality” or Heritability

In their recent article, Hong et al reported heritabilities of auditory sensory gating. As they defined it in their article, heritability reflects the proportion of overall variability in a trait in a population that results from additive genetic effects. Within human populations, such estimates have traditionally relied on special relationships that can (with some well-understood limitations) disentangle genetic from familial-environmental effects. The most popular of these methods have been twin studies comparing monozygotic and dizygotic twin pairs and various adoption designs.

However, in their study, Hong et al do not use these standard approaches. Rather, they examine individuals with schizophrenia (n=102) and 74 of their first-degree relatives. Heritabilities are estimated from sibling-sibling and parent-offspring pairs using the program SOLAR. The problem with this approach is that data from these 2 relationships alone do not contain information that can, with any confidence, disen-
tangle genetic from familial-environmental sources of resemblance. This is because for the major source of genetic resemblance—additive genetic effects—the expected correlation is the same in both of these relationships: +0.50. It is true that nonadditive genetic effects contribute to sib-sib but not to parent-offspring resemblance. However, given that there may be considerable sharing of environmental factors for both of these relationships, the a priori assumption that their effects are absent is hard to justify for many phenotypes.

We do not herein claim that heritability estimates from twin or adoption studies are without concerns. But they are based on well-understood quantitative genetic principles and their limitations have been widely examined (see Kendler and Prescott3 for concerns about the twin method). In studies such as that of Hong et al based only on first-degree relatives, we suggest that it would be advisable to use a more generic term such as transmissibility or familiality rather than the more specific term heritability.

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