Letters to the Editor

In the article by Rosen et al., called “Depression in Patients Referred for Psychiatric Consultation” [1], the authors make a distinction between endogenous and exogenous depression in physically ill patients and conclude that depression during the first 3 months of a medical illness should be considered normal for a patient...when experiencing a loss of health.” In my view, both their conceptualization and their conclusion are in error. Much has been learned about the biology of depression and the application of a biopsychosocial model is clearly in order in the evaluation of every patient. It is clear that certain patients have a high biological diathesis for depression. However, the tendency to establish neat categorization of biological and psychosocial is in error particularly as applied to individuals depressed in the context of physical illness. To suggest that depression is “normal” in the early phases of a medical illness is to ignore the fact that many patients with severe medical illnesses are not depressed and that the nature, context, and associated meaning of the physical illness should be considered the major determinants of a depressive response. It is the elaboration and proper interpretation of these elements by a dynamically trained psychiatrist that can significantly influence the degree of distress experienced by many patients. The presumption that depression is normal in the context of physical illness is an error made by many internists whose failure to seek psychiatric consultation in such situations deprives patients of possible relief. This error should not be made by psychiatrists.

The model of pathological grief that the authors use undermines their own case. Although grief never exists in a pure form, “normal” and “abnormal” grief can be differentiated both phenomenologically and psychodynamically. Pathologic grief calls for psychiatric intervention as does significant depression in the context of physical illness.

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References


Authors’ Reply

We appreciate the thoughtful comments in Dr. Viederman’s letter and hope that other consultation–liaison psychiatrists and other physicians were stimulated by our paper. Two of Dr. Viederman’s criticisms stand out. First and foremost, Dr. Viederman disagrees with our presumed hypothesis that depression in the physically ill must be “normal” and thereby go untreated. This is so far from being our paper’s hypothesis as to be its antithesis. We wholeheartedly agree with Dr. Viederman on the importance of differentiating pathological from nonpathological grieving in the context of physical illness. In fact, we propose a new DSM-IV diagnosis, “Depression Reaction Secondary to Physical Illness,” to help make that distinction clearer.

The question Dr. Viederman raises in his second criticism is how best to distinguish pathological from nonpathological grieving. This dilemma is as pertinent for grief over the loss of a loved one as it is for the loss of one’s physical health. We suggested one possible phenomenological approach to this dilemma, one similar to that used in DSM-III. We acknowledge the limitations of DSM-III, but it does constitute the current standard psychiatric diagnostic framework. We do not advocate that this is necessarily the best possible approach, and we welcome other suggestions and alternatives.

We want to emphasize that if there is any question within the first 3 months after the onset of physical illness about whether the patient’s grief or depression is expectable, i.e., “normal and adaptive” versus pathological and maladaptive, we concur with Dr. Viederman that a psychiatric...
consultation ought to be obtained. Likewise, we support Dr. Viederman’s view that a patient who is depressed following the onset of physical illness might benefit from seeing a psychodynamically oriented psychiatrist to help understand and sort out the meaning of his or her illness. However, we maintain that there are many nonpsychiatrist physicians mostly in primary care fields, who can accomplish this task without the direct intervention of a psychiatrist [1–5].

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References

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