Neurology and mental health

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We are shaped by our thoughts; we become what we think.

—Buddha

In this spotlight issue on Neurology and Mental Health, we bring together articles highlighting the growing common ground between the disciplines of neurology and psychiatry. As the neurosciences progress, it is clear that the great divide that emerged in the 20th century between our fields has been bridged through scientific discovery, innovation, and collaboration across disciplines.¹

Three of the articles in this issue focus on the recognition and treatment of psychiatric symptoms in neurologic disorders. Jetté et al.² discuss the frequency of comorbid depression in individuals with epilepsy, multiple sclerosis, and migraine, and how this comorbidity influences outcomes, and provide guidance on screening. Goodarzi and Ismail³ provide an overview of management strategies for depression in individuals with dementia and Parkinson disease (PD). Hawkins and Berman⁴ review the evidence to support the use of a newly approved pharmacologic treatment, pimavanserin, for hallucinations and delusions in PD psychosis. On the flip side, Martino and Morgante⁵ highlight recent literature on movement disorders in individuals with psychosis, emphasizing the common occurrence of antipsychotic induced movement disorders, and new developments in their treatment. These articles demonstrate the reunion of our fields, and how both neurologists and psychiatrists must be adequately prepared to recognize and address the clinical concerns of patients, regardless of the historical conception of their symptoms as neurologic or psychiatric.

“Five new things: Functional movement disorders” is a call to arms for neurologists.⁶ In the tradition of our 19th century neurologic forefather, Jean-Martin Charcot, neurologists are encouraged to take responsibility for these disorders, long abandoned in a therapeutic *Mordor*. Charcot, the chair of Diseases of the Nervous System in the Faculty of Medicine in Paris, recognized that individuals with what was then termed hysteria had an organic disease of the nervous system characterized by a dynamic or functional brain lesion, which could not be seen under a microscope.⁷ New research has brought a deeper understanding of pathophysiological aspects of this condition, as well as a successful pathway to treatment.

Finally, Fründt et al.⁸ review behavior therapy for tics in Tourette syndrome. Tourette syndrome, a disorder often considered at the borderland of neurology and psychiatry, has clear motor manifestations, with psychosocial moderators of symptom severity. Habit reversal therapy, a behavioral intervention for the management of tics, has proven efficacy for tics in both youth and adults and is recommended as a first-line intervention. The success of this treatment for a motor disorder shows how psychologically based interventions can favorably alter neurologic function.

We hope that this spotlight issue will stimulate neurology care providers to explore further cross-disciplinary collaborations, increasing our understanding and developing improved therapeutic interventions for our patients with disorders and diseases of the nervous system.

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REFERENCES

1. Price BH, Adams RA, Coyle JT. Neurology and psychiatry: closing the great divide. *Neurology* 2000; 54:8–14.
2. Jetté N, Amoozega F, Patten SB. Depression in epilepsy, migraine, and multiple sclerosis: epidemiology and how to screen for it. *Neurol Clin Pract* 2017;7:118–127.
3. Goodarzi ZS, Ismail Z. A practical approach to detection and treatment of depression in Parkinson disease and dementia. *Neurol Clin Pract* 2017;7:128–140.
4. Hawkins T, Berman BD. Pimavanserin: a novel therapeutic option for Parkinson disease psychosis. *Neurol Clin Pract* 2017;7:157–162.
5. Martino D, Morgante F. Movement disorders and chronic: five new things. *Neurol Clin Pract* 2017;7: 163–169.
6. Pringsheim TM, Edwards MJ. Functional movement disorders: five new things. *Neurol Clin Pract* 2017;7:141–147.
7. Bogousslavsky J, Moulin T. Birth of modern psychiatry and the death of alienism: the legacy of Jean-Martin Charcot. *Front Neurol Neurosci* 2011;29:1–8.
8. Fründt O, Woods D, Ganos C. Behavioral therapy for Tourette syndrome and chronic tic disorders. *Neurol Clin Pract* 2017;7:148–156.

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