From the Editor's desk
Peter Tyrer
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The end of the psychopharmacological revolution

The time has now come to call an end to the psychopharmacological revolution of 1952. This term is normally a reference to the discovery of chlorpromazine, described recently as ‘one of the greatest advances in 20th century medicine and history of psychiatry’. Although this was a clear advance at the time, and was serendipitously followed by the introduction of antidepressant and anxiolytic drugs, the claim that these drugs were responsible for the demise of the mental hospital and the growth of community psychiatry, has been disputed as the wind of social change was already blowing the cobwebs away from the corners of the old custodial institutions. Yet there is no doubt this was a time of great optimism in psychiatry and the new drugs played a major part. But nobody in the 1960s and 70s could have predicted the words in the editorial in this issue by Morrison et al (pp. 83–84) suggesting that it is time ‘to reappraise the assumption that antipsychotics must always be the first line of treatment for people with psychosis’. This is not a wild cry from the distant outback, but a considered opinion by influential researchers who help to formulate NICE guidelines. And the reasons for the change in view are not just, as some evidence suggests, a consequence of biased representation of drug treatment in the mass media, but an increasing body of evidence that the adverse effects of treatment are, to put it simply, not worth the candle. The combination of extrapyramidal symptoms, dangers of tardive dyskinesia and the neuromalignant syndrome, weight gain and the metabolic syndrome, sedation, postural hypotension, and interference in sexual function (but also note the important reference to the discovery of chlorpromazine, described recently as ‘one of the greatest advances in 20th century medicine and history of psychiatry’). Although this was a clear advance at the time, and was serendipitously followed by the introduction of environmental, pharmacological and social change was already blowing the cobwebs away from the corners of the old custodial institutions. Yet there is no doubt this was a time of great optimism in psychiatry and the new drugs played a major part. 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Rising impact

This is the time of year when people sing the Impact Factor Song, not always in the right key and the sometimes plangently as desperation and delight come in equal measure. Until other College journals gain an impact factor ranking, the British Journal of Psychiatry alone holds our standard high with an impact factor of 6.619. Our energetic reviewers, board members, editorial staff and authors all deserve credit for this, but especially our authors, as it is their cited papers that make up the metric. But we are still greedy and want more novel and exciting papers to review. Remember the words that you committed to memory last year:

Now’s the time to attest
In the BJ you must invest
And fan our impact factor flame
By sending papers you can claim
You are the best
And once published and assessed
All will be impressed.

Go for it.