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Editorial

Contemporary psychiatry and the possibility of a new neuropsychiatry

La psiquiatría contemporánea y la posibilidad de una nueva neuropsiquiatría



During Charcot's lectures at the Salpêtrière, doctors and scientists specialising in disorders that psychiatrists and neurologists treat separately today, came together to look at cases in an interdisciplinary manner. These lectures are a testimony to the rich history of a field of work somewhere between neurology and psychiatry that addresses the complexity of the human being in a comprehensive way. Currently, given the high prevalence of disorders presenting symptoms from both specialties, such as motor, demyelinating, infectious, traumatic and neurodegenerative diseases, there is an obvious need to revive interdisciplinary or *neuropsychiatric* models so that an integrated psychiatric and neurological approach may be pursued, in a dimensional, transdiagnostic and transnosological way. In South America, and particularly in Colombia, an interdisciplinary or neuropsychiatric workspace is necessary in order to deal with any unique challenges that may arise, given the high prevalence of disorders associated with head trauma, infections, neurodegeneration and mood disorders. These challenges are exacerbated by factors such as exclusion, social disparity and the high prevalence of chronic medical comorbidities in the region.

Neurology and psychiatry are the two main clinical pillars of a field of knowledge that reflects on how cerebral and systemic biological processes interact with psychological, biological, social and cultural aspects. The dominant dichotomy between these disciplines in the 20th century seems to have started to dissolve over recent decades due to advances in knowledge about the multilevel biological perspective of mental disorders and a better overall understanding of the spectrum of psychological, behavioural, motor and affective manifestations that usually accompany neurological disorders.

Scientific progress, which has made possible the clinical implementation of brain connectomics, and the expansion of the spectrum of neuroimaging and multilevel biomarkers, together with the advancement of more accurate methods for studying the spectrum of psychological, behavioural and cognitive expressions, has generated a disciplinary field and common praxis somewhere between neurology and psychiatry, with more loosely defined epistemic and pragmatic limits. These advances reveal a natural convergence between these disciplines, generating common workspaces and promoting a more cohesive and multidisciplinary approach with which to tackle current clinical challenges.

Current research for understanding complex human behaviours also uses technological tools that make it possible to formulate behavioural phenotypes by analysing the technological behaviour of people at an individual and collective level. The tracking of behaviours through digital devices, the analysis of biological parameters using mobile sensing devices, chatbots, the analysis of interactive behaviours in virtual social applications and the modelling of complex relationships between different levels of information, allow us to now understand different implicit forms of human behaviour. These contributions help us to overcome possible biases induced by explicit reports from third parties or self-reports. The ability to understand human behaviours through individual and collective digital phenotypes, which articulate information from various spheres, including the biological, social and cultural spheres, opens up a way towards gaining a deeper understanding of psychic functioning, human behaviour, and different forms of suffering.

Contemporary psychiatry has the opportunity to become richer thanks to all the technological and scientific methods and contributions described above. It is now common to come across research that reveals complex and explanatory

tory links between social processes, such as poverty or exclusion, brain connectomics and changes in inflammatory, metabolic and epigenetic processes. These new areas of research therefore extend beyond the formulation of simple correlations between behaviours and brain tissue that tend to be poorly reproducible and have limited explanatory power. With a more detailed perspective of biological, social and cultural aspects, and with the support of digital phenotypes that capture our implicit behaviours, contemporary psychiatry is in a privileged position to deal with clinical conditions with multiple levels of complexity. Furthermore, the possibility of accessing the findings of new research integrating the aforementioned fields of information allows natural liaisons to arise between the professions of psychiatrists and neurologists.

After considering this, it seems appropriate to try and return to clinical scenarios that integrate neurology, psychiatry and other disciplines, as occurred in professor Charcot's lectures at the Salpêtrière. These integrated working scenarios, which we could well consider a field of work in contemporary psychiatry (or *neuropsychiatry*), seem to bring the profession and the reasons for study and praxis between psychiatrists and neurologists closer together. This new psychiatry, informed by current knowledge and technologies, is better equipped to understand and address cerebral and systemic biological interactions with complex social-cultural processes that give rise to the range of diseases that we, as psychiatry and neurology specialists, classically treat in our practices.

Rather than proposing a forced union between psychiatry and neurology, or an exclusively biological psychiatry focused solely on brain process imbalances, I invite you to look in detail at current scientific contributions on multiple levels of knowledge that help us to understand those disorders considered to be psychiatric and neurological in a more complex way. Current scientific advances open the way for a renewed, transnosological and dimensional psychiatry, in which it is crucial to better understand multiple biological levels (not just the brain) in addition to multiple levels of interaction with structural, individual and cultural social processes. I believe it is time for us to come up with a new psychiatry that is capable of opening up the dialogue and working actively with neurology and other nearby fields of knowledge, and that is based on a comprehensive understanding of the complex biological, social and cultural foundations underlying mental and neurological health.

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