

The American Psychiatric Publishing Textbook of Suicide Assessment and Management

edited by Robert I. Simon, M.D., and Robert E. Hales, M.D.,
M.B.A. American Psychiatric Publishing, Inc., Arlington, Va.,
2006, 660 pages, \$94.00.

The American Psychiatric Publishing Textbook of Suicide Assessment and Management is a comprehensive manual addressing principles of suicide prevention in special populations, diagnoses, and treatment settings. Additional sections concentrate on special issues, including cultural factors, patient safety, legal ramifications, and clinician reactions in the aftermath. The authors focus on condensing the overwhelming suicide literature into clinically useful information for the mental health practitioner.

Chapter 1 is a comprehensive overview of suicide risk assessment, complete with systematic risk and protective factor lists, risk rates for different diagnoses, and case examples. This chapter gives the reader an excellent multifactorial approach to assessing risk, with very practical recommendations substantiated by a comprehensive knowledge of the literature. The practical nature of the chapter makes it an excellent resource, with useful samples of risk assessment progress notes, convenient hospital admission and discharge criteria checklists, and summarized key points.

Parts I and II move immediately into a resource text for special populations, addressing children, the elderly, prisoners, and gender differences and cultural issues. The practical emphasis is reiterated in these chapters and throughout the book with useful checklists, relevant case examples, and highlighted key points.

"Psychological Testing in Suicide Risk Management" is addressed in Chapter 8. This chapter focuses on formal psychological testing, such as the Minnesota Multiphasic Personality Inventory and the Rorschach test, while combining suicide scales under "other measures." Given the practical emphasis of the book, this chapter could benefit from a more in-depth discussion of suicide rating scales, with more updated, specific recommendations of rating scales for clinician use.

Part III effectively covers a wide range of treatment modalities, including pharmacology, electroconvulsive therapy, psychodynamic therapy, and split treatment. Part V additionally addresses treatment setting, such as outpatient, inpatient, partial hospitalization, and emergency services. In the logical sequencing of the book, it might make more sense not to separate these 2 parts. In addition, the book might benefit from a more detailed discussion of outpatient therapeutic approaches beyond the psychodynamic chapter, since this discussion would be of more practical use to the reader.

The book goes on to discuss suicide in the context of separate diagnoses, replete with case examples relating lethality to the specific current and chronic clinical states. This discussion enables the reader to better understand suicidality as requiring a multidimensional approach, depending on the diagnosis and stage of illness.

Finally, among the most interesting sections are those that enable the readers to explore their own countertransference issues towards suicide. Chapter 22 facilitates the readers' understanding of their own moral and value-based stances on suicide. Chapter 24 discusses the psychiatrists' reaction to patient suicide and validates the wide range of clinician emotions including shock, guilt, anger, and relief.

While not likely to be read cover to cover, this is a resource textbook that could be used to approach any given patient on a

number of levels, including diagnosis, treatment modality, and treatment setting. Its emphasis on practical application, with checklists, forms, lists, and summarized key points, makes it particularly useful for the practicing clinician.

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The American Psychiatric Publishing Textbook of Geriatric Psychiatry, 3rd ed.

edited by Dan G. Blazer, M.D., Ph.D.; David C. Steffens, M.D.,
M.H.S.; and Ewald W. Busse, M.D. American Psychiatric
Publishing, Inc., Washington, D.C., 2004, 567 pages, \$139.00.

Essentials of Geriatric Psychiatry

edited by Dan G. Blazer, M.D., Ph.D.; David C. Steffens, M.D.,
M.H.S.; and Ewald W. Busse, M.D. American Psychiatric
Publishing, Inc., Washington, D.C., 2007, 499 pages, \$80.00.

The third edition of the *Textbook of Geriatric Psychiatry*, edited by Drs. Blazer and Steffens and the late Dr. Busse, is a welcome addition to the educational and research tools already available to those interested in the major psychiatric and psychological disorders of the elderly.

The book has several strengths, but one in particular stands out: the attention to detail paid to all aspects of normal aging, including the biological, psychological, sociological, and general medical. It is not uncommon for medical texts to delve into a detailed description of specific disease states after a perfunctory introduction that touches on historical aspects of a particular discipline. In this text, the focus on specific psychiatric disorders of late life begins in part 3, on page 207. I point this out as a particular strength, as the book provides a comprehensive introduction to aging from multiple perspectives before embarking on a disease-centric view of geriatric psychiatry.

The book is divided into 5 parts, each part emphasizing a particular domain of geriatric psychiatry and aging. Part I broadly defines the aging process as encompassing biological, psychological, and sociological components. It is a good introduction to the complexities and vicissitudes of aging and helps the reader appreciate the boundaries, nebulous as they may be in some instances, between the "normal" aging process and specific disease states. This approach clearly reflects the expertise and philosophical orientation of the senior editors, who have spent much of their professional lives studying, teaching, and contributing to the field of gerontology and geriatric psychiatry. The chapter on demography and epidemiology written by Dan Blazer and colleagues is unique, as it discusses several critical issues and concepts such as case definition, identification, and clinical assessment tools in the study of the elderly. Well-written contributions from Drs. Siegler and George on the psychological and social and economic factors related to aging and mental health help solidify this component of the text.

Part II is somewhat brief, but adequate, and describes the role of the psychiatric interview, laboratory tests, and neuropsychological assessment in clinical geriatric assessments. The chapters are written with an eye toward clinical utility and practical applications. Part III is the more traditional component of the book and includes disease-specific chapters that cover a wide waterfront. These include chapters on cognitive and mood

disorders, substance abuse, and sleep and circadian rhythm disturbances and more broad-based themes such as bereavement, agitation, and sexual disorders in the elderly. Chapters are written by experts in the field and are concise and informative. Cutting-edge information is presented in an easily understandable manner so that a student of geriatric psychiatry with general interest and expertise will appreciate important aspects like the epidemiology, clinical presentation, and pathophysiology of the major mental disorders of the elderly.

Part IV, which focuses on treatment, once again reminds us about the breadth of both the field and the editors' perspectives. The first 2 chapters describe psychopharmacology and electroconvulsive therapy in the elderly patient. The authors are well-established researchers in their respective fields. The rest of this part of the book broadens into topics such as alternative medicine/treatment approaches including nutrition, diet, and exercise and important psychological treatment modalities including individual, group, and family therapy—approaches critical to managing the elderly patient in the hospital and the community. The continuum between hospital care and the community, a topic that is infrequently dealt with in psychiatric texts, is also handled well. Part V is brief, but interesting, with 2 chapters, one dealing with legal, ethical, and policy issues and the other providing a more philosophical look at the field, both retrospective and prospective.

Overall, this is a valuable resource to anyone interested in aging and geriatric psychiatry. Clinicians and academics working in areas related to the mental health of the elderly will appreciate the approach, the writing, and the information conveyed by the editors and the authors. Not surprisingly, the book originated from the Department of Psychiatry at Duke University, the home of modern American geriatric psychiatry. The book may be considered a scholarly eulogy to Dr. Ewald Busse, who can be considered the dean of geriatric psychiatry in the United States.

The Essentials of Geriatric Psychiatry, also edited by Drs. Blazer, Steffens, and Busse, is based on the larger *Textbook of Geriatric Psychiatry* and is a more succinct version of the original text. It is far more than a "Cliffs Notes" version of the original text, and it retains much of the original contents, the authors, the emphasis, and the style.

Essentials is divided into 4 parts: an introduction focuses on basic issues in geriatric psychiatry, part II emphasizes the clinical workup of the elderly patient, part III describes individual mental disorders of the elderly, and the final part focuses on treatment approaches to the major mental disorders. These 4 sections are well integrated and flow well. The introduction to aging and the field of geriatric psychiatry retains much of the flavor of the original without some of the details that would be difficult, if not impossible, to include in a condensed text. The component on the clinical, laboratory, and cognitive workup of the elderly is substantive and includes all of the primary components that the clinician should incorporate while diagnosing and managing the elderly patient with behavioral problems.

Part III is more like a traditional medical textbook and describes the salient aspects of all major mental disorders and phenomena including sleep and bereavement. While somewhat brief when compared with the original text, it retains all of the critical elements that make it independently substantive and readable.

The treatment and management aspects of specific disorders and phenomena are contained in the final part, which covers topics ranging from psychopharmacology to group and family

therapy and the management of psychiatric problems in the nursing home setting. Long-term care facilities have become de facto inpatient and consultation liaison mental health services for the elderly, and the management of patients in these settings requires special knowledge of the broad interface between medicine, psychiatry, and family dynamics. This aspect of psychiatry is becoming increasingly relevant to the overall care of America's rapidly growing elderly population.

In summary, *Essentials* captures the essentials of the principles and practice of geriatric psychiatry in a robust, albeit condensed form. It is substantive and very readable and is a positive addition to the resources available to both the academic and the practitioner of geriatric psychiatry.

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Medical Psychiatry: The Quick Reference

by Mary Ann Barnovitz, M.D., and Pria Joglekar, M.D.
Kluwer/Lippincott Williams & Wilkins, Philadelphia, Pa.,
2008, 217 pages, \$39.95 (pocket-sized paperback).

In a highly pragmatic and accessible form, this reference book speaks to the privileged position we assume, as psychiatrists, in the comprehensive care of our patients. Uniquely qualified to assess and treat psychopathology, we are also held to a standard of medical knowledge and management that allows us to appropriately recognize, triage, and recruit consultation on all manifestations of physical illness. To this end, *Medical Psychiatry: The Quick Reference* should be in the pocket of every treating psychiatrist.

Geared primarily toward the hospital-based practitioner, this manual is concise, comprehensive, and directive in the description, diagnosis, and management (including pharmacologic dosing strategies) of common medical symptoms/problems from constipation to electrolyte disturbances, neurologic emergencies such as seizure and stroke, and psychiatric issues with relevant physiologic/pharmacologic correlates. Through lists, tables, and algorithms, *Medical Psychiatry: The Quick Reference* also covers HIV/AIDS and other infectious diseases, neuropsychiatric disorders, drug-induced syndromes, adverse effects of psychotropic drugs, psychoactive herbs, and suicide and violence risk assessment. Appendices include a reference to the psychiatric evaluation with mental status examination, as well as neurologic examination and neuropsychological testing.

Comprehensive in its scope, this text gives appropriate attention to cornerstones of medical psychiatry such as capacity and dementia, although the rapidly evolving topic of psychotropics in pregnancy and breastfeeding may be too nuanced a subject for an equitable snapshot at the current time. Whether one is a resident, inpatient/emergency, or outpatient clinician, this reference will serve to enhance liaison with medical practitioners, broaden differentials for new-onset physical symptoms in active patients, and support integrated care of psychiatric patients and their comorbid medical problems.

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