

Book Reviews

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Practice Guideline for the Treatment of Patients With Major Depressive Disorder, 2nd ed.

by the American Psychiatric Association. American Psychiatric Press, Washington, D.C., 2000, 86 pages, \$24.50 (paper).

The recently published (second edition) of *Practice Guideline for the Treatment of Patients With Major Depressive Disorder* by the American Psychiatric Association was developed from a review of the current literature to synthesize a best-evidence approach for the treatment of depression. It is both an overview and a survey of the current standard of care for evaluation and treatment. While the outline format of the text is clear, as are the figures and tables, the book could benefit from the inclusion of an index. A concise and cogent text, it comprises 86 pages with extensive (325) references. The Guideline is the result of the work of a distinguished group of experts.

A summary of treatment recommendations is presented at the beginning of the book. Though not footnoted, the summary is annotated with indications of clinical confidence levels based on current evidence. The Guideline tries to distinguish between different levels of accepted practice versus evidence-based practice. The summary pertains to the different stages of recovery from major depression, dividing these stages into acute, continuation, and maintenance phases, with recommendations for the discontinuation of treatment and alternatives for failure to respond to therapy. This early part of the book is an overview that is expanded on later in the text. It gives a fairly equal balance to the different treatment modalities, examining psychotherapy using the same standard of evidence-based treatment recommendations.

To help implement the treatment recommendations summarized in the first part of the book, the Guideline presents treatment plans that provide some basis for conducting an assessment. For each treatment plan formulation, the book gives useful advice in assessing the depressed patient, from evaluating safety to establishing a therapeutic alliance. In this context, choices of treatment are further discussed, as they are again divided into phases of recovery. A balanced view of medication and psychotherapeutic options are given. Psychiatric features, psychosocial variables, and medical disorders that may influence the course of treatment and the development of a treatment plan are discussed as well.

A discussion of DSM diagnoses is presented with useful statistics that describe the natural course of the illness. This discussion expands on the overview of the first section of the book by discussing in greater detail medication choice, addressing treatment failure, and alternative treatments such as electroconvulsive therapy, light therapy, and St. John's wort. Psychotherapy is discussed more extensively in this section, which offers supporting data for various approaches, brief definitions, and suggestions for treatment.

The book is a synopsis, offering succinct recommendations for the treatment of depression. It is not meant to provide standard of care for all practitioners, but rather is meant to provide a

synthesis of evidence-based practice. The Guideline is most relevant to the beginning practitioner who needs to recognize the phases of treatment and treatment options based on best evidence. However, algorithms inevitably oversimplify the inherently complex process of treating individuals. Another occupational hazard of this type of endeavor is the consensus-by-committee approach. Nevertheless, the book is reasonably well organized, thoughtful, and coherent.

As already stated, the Guideline is not meant to provide answers to all questions regarding the treatment of depression and should be seen as a starting point for further study. Its extensive references should be consulted at times for more in-depth information and understanding. Although the discussions are brief and distilled, and the level of the text is geared toward the beginning specialist and the general practitioner, the Guideline will be useful at all levels of training and to a number of disciplines and practices. It provides a quick reference that can help clarify what is commonly done in the treatment of major depression. The book is also a good review for board examinations and should be helpful to those making evidence-based decisions by choosing among a variety of treatment options and modalities.

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Psychiatric Care of the Medical Patient, 2nd ed.

edited by Alan Stoudemire, M.D.; Barry S. Fogel, M.D.;
and Donna B. Greenberg, M.D. Oxford University Press,
New York, N.Y., 2000, 1217 pages, \$165.00.

This outstanding book grew out of the editors' concern that a specialized volume was needed to consolidate the knowledge base and clinical skills required to render effective psychiatric care to patients with medical illness. The scope of this ambitious text is well met by the knowledgeable panel of contributors who have provided a most comprehensive text on what is characterized as medical psychiatry.

The book has 11 sections that cover the following topics relating to the care of the medically ill patient: (1) psychotherapeutic principles and techniques; (2) general principles of diagnosis and treatment; (3) psychopharmacology in the medically ill, including chapters on pharmacokinetics and palliative treatment; (4) electroconvulsive therapy; (5) management of special syndromes, including excellent chapters on the "chemically sensitive" patient, management of chronic fatigue syndrome, and behavioral medicine strategies for nicotine dependence, obesity, and cardiac rehabilitation; (6) neuropsychiatry; (7) medical subspecialties, as well as psychological aspects of testing for genetic disorders; (8) women's health issues; (9) surgical

subspecialties and anesthesia; (10) assessment of medically ill children and adolescents, including management of acute pain as well as death and grief counseling with children; and (11) medicolegal issues including evaluation of competencies and issues concerning advanced directives. In addition, the appendix contains an outstanding discussion with suggestions regarding documentation of initial and follow-up psychiatric consultations complete with model formats to be used in clinical encounters.

Within these sections, individual chapters fill out each topic area. As such, this is an easily readable book that lends itself well to frequent referencing. The individual chapters have a noticeably unifying structure, and it is of great credit to the authors that the text reads clearly throughout with consistent style, well-formulated conclusions, and a detailed list of citations. Since the original publication of this book in 1993, there have been many changes in the interface of medicine and psychiatry, including practice issues as well as insights into biological mechanisms, behavioral genetics, and sophisticated measuring tools such as neuroimaging. Importantly, this book is outstanding in its layout of the major tenets and principles in the field. There is consistent integration and cross-referencing among the sections, and the clinically based sections are quite authoritative.

In summary, this excellent book is a major contribution to the field of medical psychiatry. The editors have achieved the formidable task of assembling a large volume of knowledge and presenting it in an organized, informative, and authoritative text. At some point, the editors should consider publishing a handbook of this volume in order to reach a wider audience. As it is, practitioners, students, and scholars in the field will benefit greatly from having this book, which should certainly be on the shelf of all psychiatrists who care for the medically ill patient.

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Psychotropic Drugs, 3rd ed.

by Norman L. Keltner, R.N., Ed.D., and David G. Folks, M.D.
Mosby, Inc., Saint Louis, Mo., 2001, 638 pages, \$37.95
(paper).

This text bills itself as “two books in one,” coupling profiles containing essential clinical material required to use psychotropic medications with much more detailed background clinical psychopharmacology. The text turns out to be extremely successful in both endeavors.

The “Psychotropic Drug Profiles” section of the book is concise, practical, and filled with clinical wisdom and nuances that are rarely found in print. The extensive in-the-field clinical experience, acumen, and teaching insight of the authors are abundant throughout this section, and the depth of material provided ranges far beyond a distillation of material found in standard references. “Psychotropic Drug Profiles” is loaded with clinical pearls with respect to teaching points and matching drug and dosing regimen to the individual patient.

The “Clinical Psychopharmacology” section is divided into 4 units. The first addresses biological bases for psychotropic drug use, including neuroanatomy, neuropharmacology, and pharmacokinetics. Each chapter within these units is successful in enunciating essential scientific material in a concise, practical, and clinically relevant rubric. The second unit of “Clinical Psychopharmacology” deals primarily with use of psychotropic

drugs in specific nosologic categories. These chapters successfully bridge and synthesize overviews of the current status of our understanding of these disorders and their treatments with the appropriate clinical implications. The historical overviews and treatment of mechanistic considerations are especially interesting. The authors do an excellent job of tying in a cornucopia of facts with the actual clinical use of the drugs. Major categories are covered as well as important but more specialized topics such as sexual dysfunction, violent patients, delirium, and substance abuse. The third unit addresses drugs used in special contexts, such as with electroconvulsive therapy, by substance abusers, to stimulate the central nervous system, and to treat extrapyramidal side effects. The chapter “Herbiceuticals in Psychiatry” is an especially useful, high-quality resource in this area. The fourth unit addresses issues relating to the life cycle and is divided into pediatric, adolescent, and elderly chapters. Pharmacokinetic and safety issues are well covered.

In summary, the authors have accomplished an extremely difficult task. In one book they have provided an exceedingly impressive and rare merger of factual clinical psychopharmacology and clinical wisdom. The material is comprehensive, yet necessary factual material for treating patients can be found at a glance. This book is an excellent resource for virtually anyone who treats patients with psychotropic drugs.

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Cognitive Behaviour Therapy for Chronic Medical Problems: A Guide to Assessment and Treatment in Practice

by Craig A. White, Ph.D. John Wiley & Sons, Ltd., Sussex, England, 2001, 300 pages, \$64.95, \$55.00 (paper).

In his book *Cognitive Behaviour Therapy for Chronic Medical Problems*, Craig A. White addresses the important role of cognitive behavioral therapy (CBT) applied to medical conditions. Dr. White does a very thorough, and yet quite succinct and readable, presentation of the application of this CBT model to medical conditions.

The book is divided into 3 primary sections. The first deals with general components of the CBT model applicable to many different medical conditions. In part 2, White applies CBT to specific medical conditions. The third division involves a discussion of professional practice. An appendix contains specific questionnaires and inventories that are of assistance in applying the CBT model to medical conditions.

In part 1, White notes the importance of establishing the “meaning” of an illness to the patient. This meaning will include beliefs and assumptions. White advises the reader that the illness itself might shatter a patient’s basic assumptions about life. He stresses that the CBT model applied to illness involves the following cycle of events: illness itself influences feelings, feelings influence thoughts, and thoughts influence behaviors. This cycle repeats itself, and patients may establish maladaptive behaviors that do not facilitate appropriate care of their medical condition. Additionally, White emphasizes the importance of evaluating the cognitive moderators influencing the severity of symptoms and the mediators of response to illness, noting the need to establish treatment goals, and then continues with a description of assessment and case formulation.

Beginning with this introductory section and then continuing through discussions of specific medical conditions, such as

cancer, White provides helpful educational aids. He makes good use of case vignettes to illustrate his perspective in interaction with patients and uses tables to summarize examples, which are quite helpful to practitioners of CBT who apply this model to medical conditions. He starts with the generic cognitive-behavioral framework and then applies this framework to specific conditions.

In part 2, White formulates a choice of specific treatment strategies for each illness, which targets mechanisms that initiate, accelerate, and maintain complications of medical conditions and negative effects. The therapist is depicted as one who constantly develops hypotheses regarding the ongoing problem of the patient's adaptation to his or her medical condition and then attempts to question the patient regarding these hypotheses until the patient's medical condition and emotional difficulties related to it are properly understood. Appropriate behavior interventions are then employed.

White applies the CBT model to cancer and begins by illustrating in Table 5.1 (p. 96) the cancer-related psychological problems commonly treated using CBT. He discusses common cognitive-behavioral elements in cancer and common misinterpretations and meanings experienced by cancer patients, such as "Cancer rules my life" and "It is not fair that I developed cancer." White's case vignettes are quite helpful in order to witness CBT theory applied to cancer. This approach is repeated with the following specific diagnoses and conditions, each with individualized assessment formulation and intervention: chronic pain, diabetes, dermatologic conditions, surgical problems, and cardiac problems.

White ends his book with a review of professional practice and instruments that are useful in the application of CBT to medical conditions. Table 11.1 indicates what he considers to be the 5 levels of CBT skill: novice, advanced beginner, competent practitioner, proficient practitioner, and expert practitioner. The author lists journals that are relevant to CBT and chronic medical conditions, including the *Journal of Psychosomatic Research*, *Psycho-Oncology*, and *Psychosomatic Medicine*. He also includes a list of Web sites and e-mail listings for Web-based CBT resources (p. 249). Dr. White concludes his book with inventories that are helpful measures in understanding how patients view their illness.

This book is a detailed, yet relatively brief, rendering of the application of cognitive-behavioral therapy to specific medical conditions. This reviewer strongly endorses its usefulness and considers it a significant contribution to the evolving literature of psychosomatic medicine.

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Understanding Managed Care: An Introduction for Health Care Professionals

by *Annette U. Rickel, Ph.D., and Thomas N. Wise, M.D. Karger, New York, N.Y., 2000, 121 pages, \$35.00 (paper).*

In light of the current widespread utilization of managed care for health care delivery in the United States, it would seem prudent for the practitioner to have a working understanding of this often complex and cumbersome administrative system. Few medical or graduate courses, however, address the practical aspects of the business of health care. The authors of *Understanding Managed Care: An Introduction for Health Care Professionals*, therefore, fill an important niche by writing a

practitioner's handbook on the economics of health care delivery and cost containment.

Throughout the 6 well-organized chapters, the authors impart invaluable information to more easily navigate through the system of health care delivery. First, the authors detail the evolution of the American health care system from an historical perspective. Next, the different types of current managed care systems are outlined in detail. In addition, ways to address disease prevention and health promotion using a managed health care system are discussed.

In summary, while the information may be familiar to the seasoned administrator or clinician, much of the information will be new and invaluable to a clinician in training or the newly graduated practitioner. Thus, this book would serve as an excellent resource for medical residency, hospital administration, and mental health graduate courses. Finally, for health care delivery to be successful, these authors appropriately remind the reader that we must face the challenges of diminished resources, embrace medical and technological advances, and learn how to deliver quality health care while being fiscally responsible. It seems clear that until we devise another way, managed care is here to stay.

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Mood Disorders in Women

edited by *Meir Steiner, M.D., Ph.D., F.R.P.C. (C); Kimberly A. Yonkers, M.D.; and Elias Eriksson, M.D., Ph.D. Martin Dunitz, London, England, 2000, 573 pages, \$135.00.*

Mood Disorders in Women, edited by Drs. Steiner, Yonkers, and Eriksson, is an outstanding overview of psychiatric disorders as they specifically affect women. The information contained in this text covers a full spectrum of issues faced by clinicians who wish to be adequately informed about how unique gender issues may influence the effective medical management of a multitude of psychiatric conditions. Among the important topics covered are the epidemiology of mood disorders in women, the functional neurochemistry of mood disorders, female sex steroids, the brain and behavior, menarche and mood disorders in adolescence, premenstrual dysphoria and related conditions, postpartum psychiatric disorders, the use of psychiatric medications during pregnancy and breastfeeding, anxiety and depression in subfertility, and the perimenopause.

Although the medical community has long been aware that many psychiatric disorders affect women in distinct ways, few authors have been able to cover significant treatment implications so effectively. In particular, there have been a number of controversial reports regarding the use of psychiatric medications during pregnancy and in the postpartum period. *Mood Disorders in Women* provides a comprehensive and up-to-date review of therapeutic considerations in these important areas. Furthermore, although there have been sentinel advances in the technology of infertility, a discussion of the impact of the use of hormones on mood has been absent from the literature—a topic that this book addresses in detail. I have already had numerous opportunities to refer to this exceptional text and believe it should be required reading in every psychiatry residency training program.

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The Environment of Schizophrenia: Innovations in Practice, Policy and Communications

by Richard Warner, M.D. Brunner-Routledge, New York, N.Y., 2000, 136 pages, \$59.95; \$24.95 (paper).

In the vulnerability-stress model of schizophrenia, it is presumed that socioenvironmental stressors, superimposed on an underlying and enduring biological vulnerability, lead to abnormalities in central nervous system function. There is now ample evidence suggesting that the biological vulnerability is genetically mediated and that the environmental factors affect the occurrence and course of schizophrenia. In his most recent book *The Environment of Schizophrenia: Innovations in Practice, Policy and Communication*, Richard Warner, M.D., draws on current knowledge of the environmental factors that affect schizophrenia to suggest changes that could decrease the occurrence of the illness, improve its course, and enhance the quality of life for sufferers and their relatives.

Dr. Warner, who is Medical Director of the Mental Health Center of Boulder County, Colorado, and Clinical Professor of Psychiatry and Adjunct Professor of Anthropology at the University of Colorado, clearly has the research and clinical experience to undertake this task. He begins by providing an introductory chapter that includes a definition of the term *schizophrenia*, a brief description of the vulnerability-stress model and the neurodevelopmental hypothesis, current knowledge of the course and prognosis of the illness, and a cursory review of effective treatments. Each of the remaining 9 chapters focuses on the environment of schizophrenia—defined by Dr. Warner as everything that affects the disorder other than innate genetic predisposition—at the individual, domestic, and community levels. Each chapter presents the challenges at each level and concludes with a specific recommendation of an intervention to overcome that challenge. For example, chapter 1 provides a review of studies that suggests that obstetrical complications increase the risk for schizophrenia. Correspondingly, the chapter ends with the suggestion that an educational campaign be launched, aimed at informing the public about the risks of obstetrical complications. Similarly, the destabilizing role of substance abuse, social and family stress, work disincentives, and stigma are detailed in subsequent chapters, and suggestions for tackling these problems are discussed.

Some of Dr. Warner's suggestions are relatively straightforward and readily accepted by those who treat individuals with schizophrenia. For example, his suggestion that substance abuse programs for schizophrenia be individually tailored is analogous to the well-documented finding that integrated mental health and substance abuse treatment programs better serve dually diagnosed patients. Similarly, Warner's positive views on family psychoeducation approaches are in keeping with its clearly demonstrated effects of reducing relapse and decreasing family stress. In addition, Dr. Warner's recommendation to use benzodiazepines as adjunctive treatments for stress-induced psychotic symptoms echoes the suggestions of several published treatment guidelines. Even his advocacy to involve consumers at all levels of service provision has already become a reality in a number of states.

Other recommendations are more clearly designed to make a positive impact, at the policy level, on individuals with schizophrenia. Examples include his suggestions to (1) provide tax-free support payments to families who care for people with schizophrenia, (2) create more economic incentives to encourage firms to hire individuals with schizophrenia, (3) modify disability pension regulations to lessen the work disincentives inherent in the current policies, (4) provide alternatives to acute

inpatient hospitalizations, and (5) lobby the news and entertainment media to counteract the stigmatization of mental illness.

Dr. Warner's persuasive arguments would leave few readers taking issue with many of his suggestions. As such, there is much to praise about this thin book (only 110 pages of text). Nevertheless, Warner provides little guidance for how clinicians, such as readers of the *Journal*, can utilize or even help implement his suggestions. The author himself states that, "In the United States, which lacks a coordinated national public health structure . . . these innovations may be of greater interest to advocacy groups" (p. 110). I, for one, hope that mental health advocates, service managers, and policy makers read this book and take heed of Dr. Warner's innovative suggestions.

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A Primer for Beginning Psychotherapy, 2nd ed.

by William N. Goldstein, M.D. Brunner-Routledge, Philadelphia, Pa., 2001, 131 pages, \$19.95 (paper).

This concise and clearly written book is, as its title suggests, an excellent primer for students and mental health professionals at the early stages of their careers. The author has designed it for this group, and it offers a short, extremely useful guide for understanding the principles and practicalities of doing psychotherapy. Topics are basic and cover the essence of what the beginning psychotherapist needs to understand. Patient characteristics are delineated, and the chapter on therapists offers explanations to questions that most mental health professionals pose as they assume this challenging, but often, initially, stressful role. The overview of the different types of psychotherapy, and for whom they are indicated, is particularly useful as the novice begins to interact with different types of patients.

Each chapter is divided into topics, with headings, which makes this an eminently readable text and reference. The author helps demystify some of the issues that cause great anxiety for the beginning therapist: How should the office be arranged? What does one say in the initial telephone call? What about scheduling? The book then discusses, with many clinical vignettes, the "nitty-gritty" of psychotherapy. The nuances of transference, countertransference, and the therapeutic alliance, with strategies for understanding and dealing with them, are outlined.

The chapter discussing interventions regarding anxiety and defense is, of course, addressing a concept of psychoanalytic theory that requires time and experience as a therapist to better appreciate. The text is succinct, defining the problem and providing several clinical examples, but it may actually be too brief an explication for the beginner. Special problems, such as the suicidal patient, problems in reality testing, and the issues of prescribing medication, are presented. There is also a chapter offering an overview of contemporary schools of thought regarding psychotherapy and an appendix that contains an explanation and discussion of ego functions.

This book would make a fine addition to the library of the neophyte psychotherapist. It gives the larger picture of what psychotherapy is about, yet, at the same time, presents highly practical advice on many concrete and interpersonal issues.

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