

## Book Reviews

Michael H. Ebert, M.D., Editor

### Psychiatry in the New Millennium

edited by Sidney Weissman, M.D.; Melvin Sabshin, M.D.;  
and Harold Eist, M.D. American Psychiatric Press,  
Washington, D.C., 1999, 366 pages, \$57.00.

Psychiatry is a field of clinical medicine that is in great flux as we begin the new millennium. Its boundaries are uncertain, shading into neuroscience, primary care, neurology, and psychology. Its economic base is also uncertain, although well-trained psychiatrists appear to be earning robust incomes in most geographic areas of the United States. *Psychiatry in the New Millennium* is a welcome addition to the psychiatric literature given the above uncertainties.

The book was intended by its editors, Drs. Weissman, Sabshin, and Eist, to honor Dr. Melvin Sabshin, who was completing more than 2 decades of service as medical director of the American Psychiatric Association (APA). Dr. Carol Nadelson wrote a special foreword to the book, discussing Dr. Sabshin's contributions to the APA and his pivotal role in the initiation and subsequent development of the American Psychiatric Press, Inc.

The text is organized around 4 sections: the discipline of psychiatry, the practice of psychiatry, the psychiatric workforce and its education, and the future of psychiatric medicine. The first section includes 2 excellent chapters on the impact of molecular neuroscience on the theory and practice of psychiatry. Dr. Joseph Coyle discusses the first and second wave of therapeutic drug discovery in psychiatry and then offers a strategic framework for how molecular biology will guide drug discovery, forward genetics, and reverse genetics (linkage analysis and related techniques). Dr. Steven Hyman provides an insightful overview of the principles of molecular biology and how they apply to studying central nervous system function and psychiatric disorders.

Other areas of conceptual development in this section include 2 very informative chapters on psychoanalysis and psychiatric diagnosis by Dr. Sidney Weissman. The chapter on psychoanalysis reviews models of the mind with a historical context and identifies concepts that remain vital to our understanding of human behavior. The chapter on psychiatric diagnosis outlines the requirements of a successful diagnostic system in psychiatry and critiques various recent efforts with regard to their ability to be used for both shaping a treatment strategy as well as advancing knowledge about the etiologies of psychiatric syndromes.

The third section consists of 3 timely chapters on the psychiatric workforce, the role of the international medical graduate in American psychiatry, and future developments in psychiatric education. The final section consists of 2 essays by Dr. Sabshin and Dr. Steven Mirin, the past and present medical directors of the APA. Dr. Mirin makes useful predictions about the future financing and delivery of psychiatric care, and Dr. Sabshin gives an overview of how psychiatry will adapt, grow, and flourish in the future.

The book can be sampled for its individual chapters or read cover to cover. In either case, the authors give a fair and balanced account of the landscape of American psychiatry, its conceptual issues, and research directions that are likely to succeed in producing a better understanding of the etiology of psychiatric syndromes. The data and interpretation of manpower issues and development of subspecialties are quite valuable to have in a single volume. *Psychiatry in the New Millennium* is highly recommended for anyone who is curious about the future of this clinical specialty and particularly for individuals considering psychiatry as a career, mid-career psychiatrists, and those who have an administrative role in planning psychiatric programs of clinical care, teaching, and/or research.

M.H.E.

### Geriatric Mental Health Care: A Treatment Guide for Health Professionals

by Gary J. Kennedy, M.D. Guilford Press, New York, N.Y.,  
2000, 347 pages, \$39.00.

It is gratifying to see an increase in the number of books devoted to mental health care of older adults. Some have been multiauthored, presenting huge amounts of research as well as clinical information. Other multiauthored books have been devoted to particular topics such as psychopharmacology or late-life schizophrenia. Only a few have been single-authored guides for the practitioner combining state-of-the-art treatment with the author's own clinical experience. The present volume, *Geriatric Mental Health Care*, written by a leader in geriatric psychiatry, is an outstanding example of the latter type. In a clearly written, practical guidebook for practitioners, Dr. Kennedy combines a wealth of published information with his own considerable clinical experience in treating older individuals.

As one would predict, the chapters devoted to the diagnosis and treatment of depression and anxiety, psychosis, dementias, and sleep disturbance are excellent. Presented primarily in tables, psychopharmacology information is up to date and concise. There is also a wonderful chapter on individual psychotherapy for older adults. For me, however, the value of this volume lies in the inclusion of several superb chapters on topics that are often underrepresented in the geriatric psychiatry literature. For example, Dr. Kennedy devotes a chapter to marital group and family therapies, adapting therapy techniques to the needs of older adults. This chapter alone is worth the price, for it presents information that is difficult to find in the literature but is absolutely necessary for the geriatric psychiatry practitioner. Different types of psychotherapy and the components of evaluating an older person for treatment with one of the various forms are first defined. The author then describes issues of transference and countertransference, each crucial to any

psychotherapy of an elderly patient. Specific psychotherapy techniques (e.g., cognitive-behavioral therapy, interpersonal, life review, and problem solving) are described. Dr. Kennedy points out that "clichés such as 'I know how you feel' or 'With time you'll get over the loss' are not really helpful and more often perceived as insensitive" (p. 150). Insights such as these from an experienced clinician abound in this chapter and throughout the book.

Other excellent clinical chapters follow. One, on late-life sexuality, includes myths about sex and aging; another focuses on abuse and neglect of the elderly. A thoughtful chapter on alcohol and substance abuse as well as a chapter on suicide provides a wealth of clinical guidelines and recommendations for approaching and treating the older person.

Dr. Kennedy concludes with a chapter on mental health consultation in the hospital, home, and nursing facility, and a chapter on legal and ethical issues, including physician-assisted suicide and assessment of competence. The final chapter entitled "Advice on Exercise and Nutrition" is a gem, presenting information that is rarely available in geriatric psychiatry books.

I strongly recommend this volume for the practicing psychiatrist who is working with older patients; the information presented will be most helpful.

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### Physician Sexual Misconduct

*edited by Joseph D. Bloom, M.D.; Carol C. Nadelson, M.D.; and Malkah T. Notman, M.D. American Psychiatric Association Press, Washington, D.C., 1999, 278 pages, \$49.95.*

This fine book provides a nuanced and balanced approach to understanding a significant problem in health care delivery: the undermining of patient care through physician/patient sexual involvements. The book may be even more timely and helpful now than at an earlier time because of the diminished emphasis on the physician/patient relationship in many psychiatry residencies and because of the increasing focus on productivity that potentially leads to deprofessionalization. The comprehensive scope of this volume makes it a useful overview sufficient for most practitioners and a helpful beginning point for those who wish to develop specific treatment programs or to initiate a legislative agenda.

Tom Gutheil gets the book started with an overview of the legal and ethical issues involved in sexual misconduct. He maintains his previous stance that sexual involvements are co-created. The patient's participation needs to be understood even though it is the responsibility of the physician to manage the relationship. Larry Strasburger provides a thoughtful and balanced overview of the complicated question of whether society and individuals are best served by placing physician sexual misconduct in a criminal (as opposed to civil) arena. Alan Stone and Duncan MacCourt offer an exhaustive discussion of insurance issues and perspectives. Their chapter provides interesting considerations and could be quite important for the reader who needs to understand this particular dimension of a very complex topic.

Elissa Benedek and David Wahl provide evocative case vignettes and succinct discussions of the steps involved in the pursuit of ethical complaints. Their chapter deals more with "rules" than with principles and only a limited rationale for ethical principles. Joseph Bloom et al. offer a rather broad-brushed treat-

ment of the interesting relationship of state boards to interventions in physician/patient sexual involvements. Gail Robinson contributes a historically valuable archive of the Canadian experience in sexual misconduct, which is probably more detailed than most U.S. readers will want to know.

Jerald Kay and Brenda Roman's chapter on prevention not only provides curricula for practitioners at all levels of educational development, but also includes a concise rationale for what, how, and why to teach the content suggested at each level. Additionally, the chapter offers a clinical rationale for ethical rules and principles. Janet Wohlberg nicely elaborates the complexities of the personal experience of the patient in her chapter. She suggests that we eschew stereotypes and premature conclusions in favor of careful history taking followed by proactive validation and support for the patient. Glenn Gabbard's chapter on psychodynamic analysis of physician perpetrators is short, crisp, and characteristically well written. He provides a psychodynamic differential diagnosis of physician perpetrators and also elaborates the contribution of psychodynamic psychology to the treatment of each type of perpetrator. Gabbard focuses on boundary maintenance and the consequences of boundary ambiguities or conflicts.

The chapter titled "Cognitive Behavioral Treatment of Sexual Misconduct" by Gene Abel and Candice Osbourn is more than its title suggests. In it are many helpful clues to understanding and to treating perpetrating physicians, including overcoming denial (by emphasizing the perpetrator's grooming of his or her patients), avoiding rationalizations (by offering a way of deconstructing them), and improving empathy for victims (with general and specific exercises). The section on monitoring treatment is helpfully detailed. The concluding chapter by Milkah Notman and Carol Nadelson on psychotherapy patients who have had sexual relationships with a therapist is a succinct overview of the treatment issues. It includes an outline of treatment priorities and anticipatable problems intrinsic (especially transference and countertransference issues) and extrinsic to the primary treatment relationship (especially the delicate matters of reporting misconduct and advocacy for the patient).

This volume should be a part of the education of all psychiatrists. While written with psychiatrists in mind, the book would also be extremely valuable to professionals in psychology and social work as the interrelationship of clinical, ethical, and legal issues is fundamentally the same across disciplines. This reviewer hopes that the book will find its way into the reading list of all mental health training programs.

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### Herbs for the Mind: What Science Tells Us About Nature's Remedies for Depression, Stress, Memory Loss, and Insomnia

*Jonathan R. T. Davidson, M.D., and Kathryn M. Connor, M.D. Guilford Press, New York, N.Y., 2000, 276 pages, \$29.95; \$14.95 (paper).*

Throughout my medical training, the overwhelming opinion of my teachers has been that I should not recommend herbal supplements to my patients. Some have said it would be an ethical violation to do so, primarily because we physicians don't know what adverse effects such herbs might have for patients. In spite of the opinions of these physicians and others, the pub-

lic increasingly turns to herbal supplements for treatment. With *Herbs for the Mind*, Drs. Davidson and Connor take a step toward bringing herbs into the realm of mainstream psychiatry. As faculty involved in researching the effects of herbal remedies at a major medical center (Duke University, Durham, N.C.), their recognition of herbal remedies for treating some psychiatric conditions gives these herbal treatments a degree of respectability previously reserved for synthetic medications marketed by pharmaceutical companies.

*Herbs for the Mind* is a 4-chapter book with each chapter dedicated to a different herbal treatment. The herbs covered are St. John's wort, kava, ginkgo, and valerian. Additional sections include an introduction with a well-written overview of the subject, a glossary to key terms, a list of text references, and an extensive list of other resources. The chapters are appropriately thorough for a professional reader, but written at a level accessible to those untrained in medicine. Unfortunately, when I started reading the first chapter I struggled to follow its organization. By briefly paging through the entire chapter, I picked up on its structure and found the reading easier from then on. Although the chapter introductions do not include outlines of the material to follow, each chapter does include sections on what the particular herb does, how it may work, and how to use it. These sections cover the history of the herb, the scientific evidence for using it, and frequently asked questions about it.

The authors generally give a positive perspective on each one of the herbs, recommending them for treating a variety of conditions including depression, anxiety, dementia, and insomnia. *Ginkgo biloba* particularly is noted to have a broad range of possible therapeutic effects. Conditions alleged to improve with ginkgo include memory problems, headache, tinnitus, balance problems, retinal swelling, SSRI-induced sexual dysfunction, radiation exposure, altitude sickness, asthma, blood clots, central nervous system exposure to ischemia, free-radical damage, capillary weakness, and brain edema. It is remarkable, given this broad range of activity, that ginkgo has few known side effects beyond interfering with anticoagulants. Similarly, there are few side effects listed for the other herbs covered in the book. In addressing the potential interaction of kava with alcohol, the authors cite a study that indicates "some of the mental impairment that alcohol can cause is lessened by kava," (p. 134) thereby suggesting that these 2 drugs may be safe when combined in moderation. They neglect, however, to mention a mouse study by Jamieson<sup>1</sup> that indicates kava and alcohol actually magnify each other's hypnotic properties, and that alcohol increases kava's toxicity. The authors' failure to note the Jamieson work may mislead readers regarding the safety of combining kava and alcohol. Unfortunately, there is not much in the way of placebo-controlled, double-blinded studies to either support the promising efficacy or illuminate the potential negative effects of most herbal medications. Unlike pharmaceuticals that carry patent protection, there is little financial incentive for corporations to pursue expensive research on herbs. Fortunately, publicly funded research into herbal remedies is on the increase and will hopefully provide us with more definitive answers in the future.

After reading this book, I am changing one aspect of my practice. I will now include herbal remedies in my discussions of treatment options with patients. Patients need to know about them as part of the process of making an informed decision for treatment. However, given that my patient population is almost exclusively children, and there is little or no safety or efficacy data on herbal medications in this population, I do not foresee myself recommending herbal treatments with confidence.

*Herbs for the Mind* is a worthwhile read for both providers and consumers of mental health services, and I recommend it to

my colleagues as a source of detailed information on the practical aspects of these 4 herbal supplements.

#### REFERENCE

1. Jamieson DD, Duffield PH. Positive interaction of ethanol and kava resin in mice. *Clin Exp Pharmacol Physiol* 1990;17:509-514

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#### Psychiatric Medication for Older Adults: The Concise Guide

by Carl Salzman, M.D. Guilford Press, New York, N.Y., 2001,  
191 pages, \$30.00.

Readers will no doubt be attracted to this volume by the author's distinguished name in psychopharmacology. Assembled as a collection of 7 chapters that are easily digested, this book will be a valuable contribution to clinicians looking for an introduction to the use of psychotropic medications in geriatric patients. The focus of the book is to help clinicians recognize and treat psychiatric conditions in older adults.

The style of this text is not one of lengthy reviews of drug trials or detailed pharmacology; instead, it reads as a compendium of distilled wisdom regarding the proper use of medications in older adults. The author provides frequent clinical vignettes that bring the clinical information to life. Because of this fundamental clinical approach, the text will be of value to a wide range of health care personnel. The clinical topics of the chapters—depression, anxiety, sleep problems, memory disorders, and agitation—are encountered by primary care clinicians as well as specialists such as geriatricians, psychiatrists, and neurologists. The narrative style of the text makes the concepts of geriatric psychopharmacology understandable to all clinicians, including nurses, pharmacists, physician's assistants, and others. Complementing the readable chapters is a detailed appendix that lists potential drug interactions.

The short length of the book allows the reader to quickly gain an overview of the major issues of geriatric psychiatry, but limits the depths to which each chapter's topic can be examined. At times the brevity reduces complex problems to simple guidelines that may not be accurate. For example, the oft-repeated claim that patients who complain of poor memory are depressed, not demented, is featured as a clinical pearl, despite the increasing number of health-conscious patients who accurately report declining memory and the increasing awareness that many cases of geriatric depression also have early dementia.

As with most medical texts, new studies and treatments are available by the time a volume is published. In this case, since the manuscript went to press before studies were published, there is no mention of rivastigmine or galantamine for Alzheimer's disease, and estrogen is listed as a possible treatment for Alzheimer's, although a later clinical trial showed no benefit. However, these are minor considerations in a book whose strengths far exceed any limitations. It is highly recommended to all health care personnel who want a focused review of geriatric psychopharmacology.

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