

Book Reviews

Michael H. Ebert, M.D., Editor

Clinical Geriatric Psychopharmacology, 3rd ed.

edited by Carl Salzman, M.D. New York, N.Y., Williams & Wilkins, 1998, 592 pages, \$72.00.

The third edition of Salzman's *Clinical Geriatric Psychopharmacology* has grown to 592 pages from the 361 pages of the second edition. The large size of the book reflects its broad mission. The volume tries to be, all in one, a textbook of psychopharmacology, an introduction to geropsychiatry, and a practical guide to prescribing psychoactive medications for older patients.

After an introductory section with a more general tenor, most of the volume is dedicated to the diagnosis and treatment of mental illnesses in old age. Each treatment chapter is preceded by one or more chapters on nosology and diagnosis and ends with a vignette. By and large, this structure is didactically sound. The chapters on diagnosis and those on treatment for each condition are often written by the same authors. This makes the overall management of each topic inherently more cohesive than is often the case with multiauthor books.

Occasionally, adherence to the model can be constraining. For instance, disruptive behavior is discussed in the chapter "Psychosis and Disordered Behavior." This insinuates, misleadingly, that agitation in geriatric patients is usually a function of psychosis. Dealing with disruptive behaviors in the section on dementia might have been more logical.

The material on dementia offers an extensive discussion (78 pages) of theory, but a mere 18 pages on actual psychopharmacologic treatments. The reader comes away with a discouraging (albeit realistic) sense that our clinical strategies lag far behind our neuroscientific knowledge of Alzheimer's disease. Treatment for dementia, surprisingly, does not deal with reversal of excess disability, but only with amelioration of cognitive decline. This discussion, in turn, focuses on cholinergic enhancement, and, more specifically, on tacrine. The best-selling donepezil is only briefly mentioned as it had not yet been marketed when the book was written.

The treatment of behavioral disturbances in the context of cognitive impairment is the geriatric psychiatrist's special challenge. Discussing this clinical issue exclusively through a pharmacologic prism, as is done here, seems inadequate. Successful pharmacotherapy must occur as part of a more encompassing treatment plan. It would have been most appropriate to discuss the various components, such as social, psychological, and economic variables, as a necessary condition of any pharmacologic intervention. In turn, some of the detail in the theoretical sections could have been abridged, vignettes might be omitted, and some of the extensive tabular summaries of clinical trials replaced with brief meta-analytic abstracts.

In summary, however, this book is soundly written and cogently edited. It summarizes quite well the state of knowledge

in clinical geriatric psychopharmacology as of 1998 and provides a wealth of references for further study. Finally, an idea for all medical books like this, which tend to be outdated soon after they make it into retail: why not stay away from printing and instead put the whole book out on the World Wide Web with quarterly updates and interactive reader input?

Ole J. Thienhaus, M.D., M.B.A.
Reno, Nevada

Antidepressant Therapy at the Dawn of the Third Millennium

edited by Mike Briley and Stuart Montgomery. St. Louis, Mo., Mosby, 1998, 348 pages, \$49.95.

Since the first observation of specific antidepressant actions of drugs in the 1950s, there has been considerable interest in how drugs work. The ultimate explanation of these effects could lead investigators not only to newer, more effective (and lucrative) treatments but, theoretically, also to the fundamental physiologic causes of depression. However, these discoveries have not come easily. After more than 30 years of research, antidepressants remain something of a mystery.

This volume, edited by Drs. Mike Briley and Stuart Montgomery, gamely summarizes much of the current understanding of the action of antidepressant drugs. This goal sets both the strengths and weaknesses of this volume. In the preface, the authors state that it is their intent to "present an overview of the current and near future advances in antidepressant therapy." There are 19 chapters comprising 348 pages. The chapters cover a wide variety of areas relevant to treatment with antidepressants, including excellent discussions of such diverse topics as brain monoaminergic systems, serotonin and other receptor subtypes, and postreceptor cascades, as well as clinical pharmacology.

In approaching this book, one must keep several facts in mind. First, it is a *technical* book. Some of the chapters cover highly complex topics. Examples include chapters on the integration of monoaminergic systems, neuronal electrophysiology, postreceptor transductional mechanisms, and synaptic homeostasis. In addition, this is a *limited* book. It simply is not possible to review the current status of antidepressants in 348 pages. To this end, the book overreaches a bit by attempting to cover both basic and clinical content. The latter includes chapters on pharmacologic challenge studies, the clinical actions of antidepressants (including side effects), and the prevalence of depression. Important topics, such as extensive discussions of gene expression or detailed facts about clinical applications, are missing. Also, this is an *uneven* book. The limited length of the chapters serves several areas very well. For example, the chapters on

neuronal norepinephrine electrophysiology or serotonin involvement of impulse control and alcoholism are reasonably complete, whereas the chapters on animal models of depression and augmentation of antidepressants are limited in detail by the extensive topic areas that they attempt to cover.

However, finally, this is an *excellent* book in many ways. As a rule I am not a fan of textbooks. I often find them limited in scope or out of date. The advantage of this publication is that it is current and highly topical. It would make an excellent choice for clinicians who want to be updated on the science of antidepressants. It also would serve well as a basis for a reading seminar for postgraduate trainees. I recommend it highly.

Richard C. Shelton, M.D.
Nashville, Tennessee

Psychiatry and the Cinema, 2nd ed.

by Glen O. Gabbard, M.D., and Krin Gabbard, Ph.D.
Washington, D.C., American Psychiatric Press, 1999,
408 pages, \$25.00; \$18.00 (paper).

Psychiatrists are alive and well in Hollywood cinema. Even since the release of this book, yet another depiction of a psychiatrist, this time by Billy Crystal, treating a mobster played by Robert DeNiro, has appeared in *Analyze This*, apparently a popular film and box office success to judge by the number of patients who recommended it! What message am I to take from their recommendations? How to treat them, how to treat mobsters? The updated version of *Psychiatry and the Cinema* by the brothers Gabbard provides a useful guide to this latest portrayal of the psychiatrist, portrayed as too serious by Crystal, too foolish, and finally, as doing too quick a fix under extraordinary, comic, and violent circumstances.

In the 1999 edition of *Psychiatry and the Cinema*, thoroughly revised since the first edition in 1987, the reader will find several chapters completely rewritten or expanded and 2 new chapters, as well as an inclusion of 150 new films in addition to the 300 originally considered. The current edition contains 43 photographic illustrations from stills of the major movies considered and descriptions of the various typologies, mythologies, and ideologies discussed. In addition, the authors consider the most common stereotypes of psychiatrists, starting with the Alienist, the Quack, and the Oracle and later the female psychotherapist and the good guy doing the quick-fix talking cure. The authors also usefully divide Hollywood films into 3 successive eras of moviemaking with regard to views of psychiatry and consider the clinical implications.

The second half of the book is concerned with the psychiatrist in the movies in terms of film criticism, primarily psychoanalytic approaches. Several films are considered in detail as well as the work of several filmmakers for their depictions of psychiatrists, psychotherapy, and psychoanalytic themes including the working out of the Oedipus Complex, the Phallic Woman, and consideration of theoretical notions of Melanie Klein and others. I believe that the 2 extensive discussions of narcissism in the cinematic autobiography and as manifested by the celebrity will be very useful for psychiatrists in their understanding of both the film world and the way their patients deal with that world as moviegoers. Finally, there's even an interesting discussion of several psychiatrists who have played psychiatrists in well-known Hollywood films.

The book is also especially useful as a filmography for the portrayal of psychiatry in the American cinema, listing the films in alphabetical order, excluding only low-budget films of the horror and sex genres and made-for-TV movies. There are also a few especially important films by European directors included. The directors and date of each film are identified, and a summary showing how each film characterizes psychiatrists or psychiatry is also included. The additional useful features of this book as a reference that one may take down from the shelf from time to time include a chronology of all the films mentioned from *Dr. Dippy's Sanitarium* in 1906 year by year up to 1998 (from *Antz* through *There's Something About Mary*), an extensive reference list of authors with regard to film and film criticism, and a very useful subject list for the entire book.

I largely enjoyed reading this book and will be pleased to have it as a reference as the inevitable additional films about psychiatry continue to be produced. I suspect that psychiatrists now depicted as succeeding only with the talking cure may well start to be represented by psychopharmacologists, neurophysiologists, brain imagists, and others as Hollywood catches up with the neurosciences in the future.

Roy G. Fitzgerald, M.D.
Swarthmore, Pennsylvania

Psychological Trauma (Review of Psychiatry Series, Vol. 17)

edited by Rachel Yehuda, Ph.D. Washington, D.C.,
American Psychiatric Press, 1998, 218 pages, \$29.00 (paper).

The newly established format of the annual *Review of Psychiatry* series will surely be well received if the other sections are presented as completely and precisely as this one.

The section, or monograph, entitled *Psychological Trauma* aptly opens with Breslau's epidemiologic studies in a civilian, urban population of a half-dozen years ago. It concludes with a discussion of Foa and Meadows' work with psychosocial treatments, a refreshing exploration of nonpharmacologic techniques, and includes work that we psychiatrists must not fail to include in our treatment plans for trauma patients.

The monograph is neatly divided into logically flowing topics that give the reader a sense of continuity to the understanding of all of the trauma-related syndromes. Each chapter follows the preceding one logically, from epidemiology to effects on the brain as detected by neuroimaging and neuroendocrinologic studies to therapy issues. Within each chapter, similar paradigms are presented, allowing the topics to be absorbed easily by the reader.

For example, chapter 2 deals with the longitudinal development of "understanding how stressful events can be transduced into psychiatric illnesses." Factors including event impact, phenomenology, immediate biobehavioral response, co-occurrence of disorders, and the chronicity of the syndrome are nicely linked. The reader is cautioned about limitations of methodology in the last pages of the chapter, and several design studies are described. Particularly interesting is the "path analysis" for the prediction of posttraumatic stress disorder.

The monograph presents an astonishing amount of information on a generally poorly understood topic. I highly recommend it for all mental health professionals.

Richard G. Farmer, M.D.
Memphis, Tennessee