

## **Mania: Clinical and Research Perspectives**

*edited by Paul J. Goodnick, M.D. Washington D.C., American Psychiatric Press, 1998, 412 pages, \$59.95.*

In *Mania: Clinical and Research Perspectives*, Goodnick serves as editor, author, and coauthor, which gives the book more continuity and makes it easier to read. He successfully updates the reader on selected aspects of mania.

The book is divided into 3 sections: (1) Diagnostic Considerations, (2) Biology, and (3) Treatment. In the section on diagnosis, the chapter by Dunner on diagnosis and the chapter by Sachs and Lafer on child and adolescent mania are especially relevant to the practicing clinician because they focus on and clarify critical issues in these areas.

The biology section contains 4 chapters on neurotransmitters and 2 on brain imaging. While these chapters are more difficult to read for the novice in neuropharmacology, they contain essential information for informed practice of psychopharmacology. Petty's chapter on GABA is especially welcome, since this topic is not frequently addressed in most texts on mania. Neuroimaging and brain mapping techniques are opening new vistas on how the living brain functions and will be important tools in future psychiatric research.

The section on treatment reviews the data on lithium and has comprehensive chapters on carbamazepine and valproic acid. These chapters are essential reading for anyone prescribing these drugs in practice. Goodnick also includes a chapter on the atypical antipsychotics in the treatment of mania. While this topic is more controversial, good data on clozapine and more limited data on risperidone and olanzapine are presented. The informed practitioner should have these data for intelligent use of these agents in selected cases.

The chapter on calcium channel blockers, lamotrigine, and gabapentin provides a significant update of the latest agents used in treatment of mania, especially refractory mania. Since psychiatrists are seeing more and more patients with refractory mania, this information is highly relevant to everyday practice.

In conclusion, I would highly recommend this book to all clinicians. The diagnostic and treatment sections will be relevant to anyone treating manic patients. The section on biology should be of interest to those who want to have more insight into the nature of this illness and why and how the therapeutic agents work.

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## **Dysthymia and the Spectrum of Chronic Depressions**

*edited by Hagop S. Akiskal, M.D., and Giovanni B. Cassano, M.D. New York, N.Y., The Guilford Press, 1997, 228 pages, \$29.00.*

The concept of "spectrum" is a useful tool for clinical researchers and an inevitable conundrum for the practitioner. There is, indeed, a great need for a systematic understanding of this concept, particularly in the area of affective disorders and their chronic variants. Such was the vision of this volume's editors, who gathered the presentations made at an international symposium held in Italy in 1992 and asked the authors of most chapters to update the references. Twenty-three contributions, 13 of which are authored by non-American academicians (9 European, 2 Canadian, and 2 Brazilian), guide the reader through a sometimes confusing landscape of clinical terms, nosological labels, predictive factors, statistical variables, and therapeutic approaches. In the preface, the editors stake the claim that the volume is both "data based and relevant to the practice needs of the clinicians," opening doors of hope for the rational management of a group of patients considered by many until recently as having intractable character disorders.

A scholarly overview of chronic depressions by Akiskal sets the stage for an objective examination of accepted knowledge, ongoing debates, and intended but omitted issues such as the weight of culture among the pathoplastic factors of affective disorders. Dysthymia, the emblematic chronic depression, is a primary affective illness that may be an earlier subdepressive temperament. The pharmacotherapeutic approach becomes both a significant nosological variable and an outcome predictive factor. Psychotherapy is basically an explanatory, educational, and supportive effort that deals mostly with the so-called

postdepressive personality changes. In fact, Akiskal ends his chapter by endorsing Schneider's admonition that "work is the best therapy for individuals with depressive personality attributes."

Dysthymia in Latin America is presented by the work of Versiani and Nardi, who elaborate on their work with a Brazilian sample of 276 patients. I take exception with the statement that dysthymia is rarely diagnosed in the American subcontinent. Further, the authors recognize that their data cannot resolve questions on the nosological validity of dysthymia. It is possible that their sample was heterogeneous and that the overriding issue of Axis II pathology could not be discerned by the methodology used. Rabindran and Lapiere deal with predictors of treatment response in primary dysthymia, listing somatic symptoms; psychic anxiety; and personality traits such as gloominess, pessimism, and histrionic, antisocial, and dependent features. In their chapter, Cassano and Savino include some clinical gems such as the protective role of hyperthymic temperament against chronicity. They also introduce the novel term of *transnosological thymoleptics* to designate the selective serotonin reuptake inhibitors.

Chapter 4 makes the first specific mention of the efficacy of pharmacotherapy in chronic depression. Kocis reexamines his long-term desipramine study and concludes that discontinuation of active medication is associated with substantial risk of relapse. Comorbid Axis II pathology does not seem to diminish the likelihood of positive responses to pharmacotherapy. This issue is tackled by Klein and Miller, who state that the overlap between dysthymia and depressive personality is modest, but the concepts are not isomorphic. Not all depressive personality-diagnosed individuals experience dysthymia or major depression even though (ambiguity at its best!) depressive personality appears to have a strong familial relationship to the major affective disorders. Marneros and Röhde discuss the Cologne Study on the long-term course and outcome of patients with functional psychotic disorders and identify 8 "persistent alterations" or psychosocial deficits in one third of patients with affective disorders.

Roth and Mountjoy argue in favor of preserving the concept of neurotic depression. They maintain that there is more valid evidence of severity, symptomatological distinctiveness, clinical course, and treatment response for neurotic depression than for dysthymia, and advocate the reinstatement of unipolar depression as an "endogenous" condition à la Leonhard. Neurotic depression is a nonendogenous, nonpsychotic type of depression that occurs in vulnerable personalities. This view describes neurotic depression as episodic, criticizes the concept of depression secondary to medical/surgical illnesses, does not mention posttraumatic stress disorder as one possible undiagnosed entity subsumed in the old *neurosis* term, claims that dysthymia is genetically indistinguishable from anxiety disorders, quotes Kraepelin's contributions from the early 20th century, and concludes that major depressive disorder as presently conceived constitutes a mixture of 2 distinct conditions: unipolar and neurotic depression. The most encouraging point made in this chapter, however, is that no matter what the underlying, nongenetic factors are in chronic depression (personality, culture, unconscious), there is still a place for psychotherapy in the management of interpersonal issues. In the next chapter, a critical reappraisal of neurotic depression, Maj flatly concludes that there is no reason to revive the concept and that the depressive temperament is the most significant outcome of research on dysthymia. Obviously, this debate will not end soon.

Greenberg goes beyond neurasthenia and chronic fatigue to deal with the variety of somatic symptoms accompanying chronic depression. She makes valid points about heterogeneity, overlapping, inadequate descriptions, retrospective evaluations, and confusing treatments, but as only 2 of the references go beyond 1991, recent data on somatization, somatic components of affective disorders, fibromyalgia, and chronic pain are missed.

Atypical depression is another label frequently linked to chronic depression. Davidson examines its main features and stresses the effectiveness of MAOIs, leaving some uncertainty, however, about the effectiveness of TCAs. Stewart and Klein review chronic and hysteroid dysphoria, and Angst advances his view of minor and recurrent brief depressions. "History of treatment" cannot be considered, however, a validity factor for these labels, because the operational definitions across studies are different. Coining new labels just to reduce the number of treated but undiagnosed "depressives" is not necessarily an all-too-relevant exercise.

The final chapters deal with suicide in chronic and recurrent depressions, and depression and attention-deficit/hyperactivity disorder (ADHD). The former makes well-known points, and the latter confirms a well-known epidemiologic fact. Children of adults with major depressive disorders have behavioral syndromes that represent a phenocopy of ADHD. Kovacs reviews chronic depression in childhood on the basis of the Pittsburgh Longitudinal Study. Dysthymic disorder appears to be symptomatically distinct from major depressive disorder, has a high probability of recovery, and has a first episode that does not persist into adulthood. Childhood-onset dysthymia is characterized by recurrences and well periods, seems to be a risk factor for eventual bipolarity, and was not seen as a residual condition.

This book is a significant step forward in the understanding of dysthymia and other chronic depressions. Many questions remain, however, ranging from more accurate definitions to the indispensable assessment of all the dimensions of a truly biopsychosocial approach to these disorders and from the reformulated role of psychotherapy vis-à-vis pharmacotherapy to the study of these conditions in special populations. Yet the high scholarly quality of the volume is a most encouraging sign of progress.

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