Manual of Clinical Psychopharmacology, 5th ed.

by Alan F. Schatzberg, M.D.; Jonathan O. Cole, M.D.; and Charles D. M. H. Debattista, M.D. American Psychiatric Publishing Inc., Arlington, Va., 2005, 637 pages, $69.00 (paper).

Welcome to the fifth edition of a very handy and useful book, the *Manual of Clinical Psychopharmacology*. Readers familiar with any of the previous editions are already aware of 2 unique qualities of this excellent volume. First, it is written by 3 extremely experienced psychopharmacology clinicians who are also leading psychopharmacology researchers. Second, it is a breezily written guide to the use of psychiatric medications in which the authors do not hesitate to share their own experience. The authors write in the first person, and one commonly encounters phrases such as: ". . . a patient one of us had known for several years and had seen during several hospital admissions." In other words, this is a volume in which authors share their first-hand experience taking care of difficult patients. They are also not shy about including their negative experiences. For example: "Our experience is that gabapentin is much less effective than either benzodiazepines or antidepressants in the treatment of anxiety" (p. 342).

The opening section of the fifth edition begins with 3 chapters on general principles of psychopharmacologic treatment, including practice guidelines and legal, ethical, and economic concerns. The second section focuses on diagnosis and classification. This section is not strictly about psychopharmacology but reviews DSM diagnosis in a lively and readable manner. The authors discuss other diagnostic criteria such as U.S. Food and Drug Administration requirements and the National Comorbidity and Epidemiologic Catchment Area studies.

The largest and central section is devoted to different classes of psychotropic drugs. The antidepressant section is organized by class of antidepressant, each reviewed in 7 subheadings: "Pharmacologic Effects," "Indications," "Side Effects," "Overdose," "Drug Interactions," "Dosage and Administration," and "Discontinuation." Within this 7-part outline, the authors provide numerous examples of their own techniques that have been helpful (as well as some that have not). Augmenting strategies, advice on switching, and excellent advice about treating side effects are offered, albeit with wry caution. For example, in discussing selective serotonin reuptake inhibitor (SSRI)-induced gastrointestinal (GI) distress, the authors note: "Of the 5-HT_3 antagonists, dolasetron (Anzemet) and ondansetron (Zofran) are clearly helpful but are too expensive to use routinely" (p. 52). The section on antidepressants also includes the unapproved drug reboxetine and the not-yet-available gepirone, inclusions that make for interesting reading.

The chapter on antipsychotic drugs is divided into sections discussing atypical and standard antipsychotics. Each section includes a treatment subsection on the use of these drugs in 4 settings: acute treatment, in early inpatient treatment, for maintenance therapy, and use in other psychiatric disorders. The chapter on mood stabilizers includes a large section on lithium, including notes on the usefulness of the Lithium Information Center. The chapter on anticonvulsants includes newer drugs such as levetiracetam, zonisamide, and ethosuximide as well as calcium channel blockers and omega-3 fatty acids. Of the latter, after reviewing the evidence for these medications, the authors note: "The role of Omega-3 fatty acid supplements in the treatment of affective illness remains uncertain" (p. 446). This healthy skepticism also pervades other chapters and offers a welcome counterbalance to the usual hyperbolic endorsement of new drugs. Another example: "At this time we are advising against the use of DHEA [dehydroepiandrosterone] either alone or in combination with antidepressants" (p. 588). Hooray for these authors.

Antianxiety agents, hypnotics, and stimulants are similarly discussed in separate chapters. There is also a special chapter entitled "Augmentation Strategies for Treatment-Resistant Disorders," which is divided into 3 subsections: "Depression," "Bipolar Disorder," and "Schizophrenia." There are chapters devoted to emergency room treatment that cover agitation and violence, depression and suicidality, acute psychotic reactions, stupor and catatonia, and severe anxiety. There are "specialty situation" chapters on pharmacotherapy for substance abuse, during pregnancy, for children, and for the elderly. Lastly, a chapter I found most interesting is devoted entirely to herbal preparations and dietary supplements. Throughout this chapter, the authors' skepticism about overly optimistic findings continues to be evident. Although they cite and support appropriate use of some herbal preparations and dietary supplements, they are quite emphatic that research data, as well as clinical experience for many of them, do not support their regular use. For example their statement about inositol: "[I]t has not been helpful to some patients; it appears unlikely that inositol is effective as an adjunctive agent" (p. 587). Of *S*-adenosyl-L-methionine (SAMe): "[It] . . . is more expensive than a generic antidepressant and its utility is questionable" (p. 586). Of ginkgo: "[W]e have tried to use ginkgo to reverse SSRI-induced sexual dysfunction; in the patients studied we found that it works as poorly as most other recommended antidotes" (p. 584).

This is a delightful, readable, and extremely useful psychopharmacology book. The information is presented in a chatty and informal style and will be most useful to experienced clinicians who have encountered the kinds of clinical problems described by the authors. I would buy this book.

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Catatonia: From Psychopathology to Neurobiology

edited by Stanley N. Caroff, M.D.; Stephan C. Mann, M.D.; Andrew Francis, M.D., Ph.D.; and Gregory L. Fricchione, M.D. American Psychiatric Publishing, Inc., Arlington, Va., 2004, 229 pages, $48.00 (paper).

Catatonia: From Psychopathology to Neurobiology is an excellent small volume on a (of late) neglected topic. It is an edited book with some 29 contributors, but it doesn't suffer from the problems that many such works do. Authors in one chapter frequently refer (accurately) to the contents of another chapter, as if the various authors had actually read the contributions of the others, which, clearly, they did. It actually has the flow of a single-authored work but with the advantage that experts in each area have authored the corresponding chapters.

There are many important points made in this book: that catatonia is not a disease but rather a syndrome; that there are retarded (stuporous) and excited forms; that it may occur more often in mood disorders than in schizophrenia; that it can occur secondary to various physical causes including drugs (indeed, several authors think the "organic" form probably is more frequent than the psychiatric); that it is almost certainly due to brain dysfunction; that it is genetically determined, at least to

some extent (in fact, periodic catatonia appears to be an autosomal dominant condition with variable penetrance); that there has been an apparent and probably a true decline in its incidence (a decrease that started before the era of the neuroleptics); that neuroleptic malignant syndrome is probably a drug-induced form of catatonia; and that it is readily treatable.

As Ungvari and Carroll point out in Chapter 3, "Nosology," catatonia is probably (and I paraphrase) a separate psychopathological dimension that occurs in different disorders. A number of chapters give evidence that, because catatonia can result from many diverse types of brain disorders (including discrete lesions), diffuse central nervous system conditions, and drugs, but only rarely from any particular brain insult, the syndrome is probably due to disturbances in neural pathways rather than in any particular area of the brain. Several authors nicely describe the various cortico-thalamo–basal ganglia loops that may well be involved in catatonia.

Benzodiazepines and electroconvulsive therapy (ECT) are both highly effective in treating catatonia, including medical catatonia and drug-induced catatonia, and, indeed in many cases, are life-saving. Furthermore, ECT is often effective when even the benzodiazepines have proved ineffective. Some important treatment caveats include the following: since neuroleptic malignant syndrome is quite likely a drug-induced form of catatonia (very reminiscent of malignant catatonia), one should use neuroleptic medications in the presence of catatonia very cautiously if at all, and neuroleptic malignant syndrome, malignant catatonia, and excited catatonia are harder to bring under control the longer they go on—thus aggressive intervention with benzodiazepines and/or ECT should be instituted early.

Practically all the chapters in this excellent book are well written. It is a highly readable book with important content on an important syndrome, a work that I would recommend not only to all psychiatrists but to neurologists as well, particularly those interested in movement disorders.

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Obesity and Binge Eating Disorder

edited by Simone Munsch, Ph.D., and Christoph Beglinger, M.D. In book series: Bibliotheca Psychiatrica, no. 171. Series edited by Anita Riechler-Rössler, M.D., and Meir Steiner, M.D., Ph.D. Karger, Basel, Switzerland, 2005, 222 pages, $89.25 (hardcover).

As noted by Stewart Agras in the interesting preface to this work, obesity and binge eating disorder (BED) have had an interesting relationship since BED was delineated about 20 years ago. The development of our knowledge about BED has been informative for our understanding of obesity in that we are able now to identify a behavioral marker for those who are likely to experience an early onset of obesity, develop more severe obesity, and have more psychosocial dysfunction than controls without binge eating matched by body mass index. As the literature on BED has evolved, the findings suggest that not all patients with BED are obese, just as not all obese subjects have BED or even binge eat, but the overlap is substantial. This overlap has had an interesting effect in both the clinical and research arenas, in that it has brought obesity clinicians and researchers—who many times have been more interested in physiology—and eating disorder clinicians and researchers—who traditionally have been more interested in behavior—together in clinical situations and at meetings, and both fields have been enriched because of this collaboration. Therefore, combining these topics in a book makes a great deal of sense.

The book is broken down nicely into 4 sections: an introductory section, which reviews literature on hunger and satiety, is informative, up-to-date, and quite readable; a second section on obesity is, again, informative and up-to-date, although much of this material could be accessed easily in any number of other volumes on obesity that have been published in recent years; a third section (to which I will subsequently return) discusses BED; and a fourth section, entitled "Outlook and Perspectives," attempts to compare and contrast the constructs of BED and obesity and serves to synthesize the previous material.

The third section addresses issues that, to my knowledge, have not been dealt with in detail previously in any mainstream texts. The first chapter in this section includes an overview of the epidemiology and prevalence data of BED and addresses the debate on whether BED is a separate clinical disorder, a form of bulimia nervosa, or simply a marker for a subtype of obesity. The next chapter examines course, etiology, and maintenance, focusing on maintenance factors, dietary restraints, and body image concerns. The following chapter reviews treatment, covering both psychotherapy and pharmacotherapy. Then there is an interesting chapter on binge eating in childhood, a little-studied area of growing importance in the field.

The book concludes with a last, comprehensive overview chapter. This final section includes an interesting discussion about the current state of knowledge, underscoring the areas where little is known.

Overall, readers will be quite satisfied with this work as providing a useful overview of the current state of knowledge on both obesity and BED and of the current controversies concerning the relationship between them. The literature reviews appear quite thorough. Most of the contributors are European, with several notable exceptions, and the text, which is in English, is well written and highly readable and is supported by a variety of tables and figures. Therefore, this book should provide both a useful introduction for students in this area and an update for practitioners.

Clinicians who are interested in detailed information about treatment may want to supplement this text. For example, although areas such as psychotherapy are covered superficially here, there is not an in-depth discussion of specific techniques that one can use nor is there case material illustrating the utility of certain interventions in specific clinical situations. Given that several manual-based forms of psychotherapy have been developed for BED, readers who want more detailed information about such approaches are referred to other sources. Also, the areas of genetics and cultural/ethnic variability have been somewhat slighted, but this volume is not large.

Overall, this book can be recommended for providing an update on obesity, on BED, and on the connections between them, some of which remain to be sorted out.

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