
Medical Illness and Schizophrenia, 2nd ed

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The medical problems of patients with schizophrenia are common, usually chronic, and often poorly managed. These problems result in schizophrenia patients having an expected life span that is briefer than that of individuals without schizophrenia. Although clinicians in mental health settings may wish that these illnesses were being managed by primary care providers or other medical specialists, many patients have difficulty accessing these other services. This is particularly true for patients who are insured through Medicaid and other public systems. In addition, even when patients are able to access primary care, the providers may not be aware of the special health risks that are common in schizophrenia. As a result, many psychiatrists and other mental health care providers are becoming convinced that they need to become more knowledgeable about the evaluation and management of these medical problems.

This volume can be a valuable tool for clinicians who understand that quality care for people with schizophrenia requires attention to medical illnesses. It provides a concise and well-organized guide to the most common conditions that tend to affect the lives of this vulnerable population. The book is up to date in the research cited. Each chapter ends with a summary of key clinical points that can be applied to everyday practice.

The problem is well characterized in an overview chapter by David Folsom. His review found substantial evidence that patients with schizophrenia are less likely to receive treatment for illnesses such as heart disease and hypertension at early stages of these illnesses. Rather, patients tend to come to medical attention when these illnesses are at a later stage and more difficult to manage. On the other hand, there is evidence that a number of interventions including training psychiatrists to provide primary care, facilitating referral to primary care in mental health settings, and colocating primary care and mental health can improve health outcomes. This evidence points to an obligation for the field to address these medical illnesses in any setting where schizophrenia patients are receiving inferior medical care.

Most of the volume focuses on metabolic problems and heart disease. There is a tendency for the chapter authors to discuss conditions such as obesity, insulin resistance, diabetes, hyperlipidemia, and heart disease as if they are the result of antipsychotics, particularly newer, second-generation antipsychotics. However, these risk factors for heart disease existed before newer antipsychotics came on the market. They have been a major contributor to making the problem worse and sometimes much worse in individuals. Monitoring for these risks, though, should be a component of managing every patient with schizophrenia and not just those receiving antipsychotics that have induced or worsened metabolic problems. The chapter by Tony Cohn provides an excellent update on pharmacologic interventions for obesity and other metabolic problems, and a new chapter on the rapidly expanding field of behavioral interventions for weight gain by Rohan Ganguli and colleagues provides a summary of interventions that appear to be effective for many patients.

This second edition is improved compared to the first. New chapters on hepatitis C and HIV will be very helpful to clinicians who have patients with these conditions. Another new chapter focuses on the sexual problems that are very common in schizophrenia and that can be worsened with antipsychotics and other drugs. I believe that the authors have met the goal of providing a highly practical handbook that can be useful to every physician, nurse, and other mental health clinician who manages patients with schizophrenia.

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