

Book Reviews

Michael H. Ebert, M.D., Editor

Behavioral Healthcare Informatics (Health Informatics Series)

*edited by Naakesh A. Dewan, M.D.; Nancy M. Lorenzi, Ph.D.;
Robert T. Riley, Ph.D.; and Sarbori R. Bhattacharya, M.D.
Springer-Verlag, New York, N.Y., 2002, 186 pages, \$59.95.*

There is a particular delight in finally getting something that you have wanted for a long time. The situation is made even more enjoyable when the new thing makes the world a better place. This is how I felt upon receiving and reading *Behavioral Healthcare Informatics*. I have a long-standing interest in information technology and how it applies to psychiatry, and, as a result, I am often asked by colleagues and friends for good sources of information on the subject. For years I have told them that not very much has been pulled together and what is available is of relatively low quality. I know that I have not been alone in wishing that somebody would consolidate information explaining and describing the world of behavioral health care information technology. Now we have such a book, and what makes it even better is that the book is of extremely high quality.

This is a reasonably sized and well-organized volume, which makes it easy to find specific issues within its chapters or to read whole sections or the entire book to explore broader areas of knowledge. Its 5 parts include an overview, clinician's issues, consumer issues, informatics and quality improvement, and organizational issues. Only people interested in learning more about behavioral informatics will be interested in *all* of those topics, but even the novice will find this volume hard to put down.

This book is particularly impressive in its ability to both explain and describe. The book provides excellent explanations of technical issues, particularly in the chapter written by David Olsen, M.D., Ph.D., "Technology Infrastructures," but also has, in the various sections, detailed descriptions of applied technology and overviews of what is actually being used in the field. Technology is discussed in both philosophical and abstract ways, as in the superb chapter on knowledge delivery by Robert Kennedy, M.S., which eloquently answers the question *why* for the marriage of behavioral health and information technology, and in later chapters that describe specific applications and programs.

It is important to note that this is not a comprehensive text. It does not present itself as teaching the members of the behavioral health care field a crash course in technology, nor does it purport to be a comprehensive list of all applications of information technology for behavioral health care professionals. Its descriptions of technology and the application of technology are meant to be introductory and exemplary. For example, when the book discusses computer-driven psychopharmacology algorithms, the program at the University of Texas Southwestern is described in some detail, but other well-published similar programs such as the one at Harvard University are not described. The goal here is not to describe everything going on, but to give an example of what can be done.

In short, this book is a must-own for anyone interested in the behavioral health care field. It has particular utility for those of us who try to teach this material, as it is a gold mine of various chapters that answer the questions we are so often asked.

Thomas Kramer, M.D.

American Board of Psychiatry and Neurology
Deerfield, Illinois

Comprehensive Textbook of Suicidology

*by Ronald W. Maris, Ph.D.; Alan L. Berman, Ph.D.; and
Morton M. Silverman, M.D. Guilford Press, New York, N.Y.,
2000, 650 pages, \$75.00.*

I approached the review of this book with considerable trepidation. Jointly authored textbooks tend to be overly inclusive, conceptually disjointed, and editorially inconsistent. Reviewing a textbook devoted entirely to the study of suicide portended a difficult, laborious task, particularly since I am not a suicidologist. From the first chapter, however, it was clear that my concerns were unwarranted. This highly accessible, thorough, and well-written book presents a wealth of information without overwhelming the reader with excessive material.

The editorial style of this textbook is remarkably consistent, even in the 10 chapters written by or with other authors. In addition, the authors are to be commended for the writing itself, which is characterized by clarity, careful definition of terms, and conciseness. Reading the entire volume provides an extensive review of the field, but one can select any of the chapters and emerge with a comprehensive overview of the specific area under discussion. Each chapter is characterized by "boxed texts," brief discussions clearly set off from the main text that highlight a particular issue, often presenting condensed sides of a current area of disagreement or clinical histories of suicidal individuals. This creative technique contributes significantly to making this a surprisingly engaging textbook. Each chapter concludes with a brief list of recommended readings and a synopsis of the topics covered by each reference.

A short review cannot possibly come close to doing justice to this textbook, which, to this general psychiatrist, appears truly comprehensive. The field of suicidology emerges as a fascinating, multifaceted field. Any reader is certain to correct many important misconceptions he or she may have. Four things that I discovered may provide some sense of the surprise that the reader has in store: (1) socioeconomic status is inversely correlated with rates of suicide—a finding that has been observed in many cultures; (2) diseases of the central nervous system are more strongly associated with suicide than any other group of physical illnesses, including cancer; (3) remarkably few studies exist concerning the relationship between suicidal behavior and drug abuse; and (4) 10% to 15% of those who attempt suicide will ultimately succeed.

I began reading this book before the tragic events of September 11, 2001, and completed my reading with the aftermath of those suicides always foremost in my mind. This volume does not devote much space to ritual, religious, and political suicides, a topic that might have been addressed in greater detail before September 11, but will certainly command increased attention in the future.

This is not an easy book to read, not because of the way it is organized and written, but because of the subject matter itself. In fact, the unflinching manner in which the authors present their subject brings the reader face to face, often in profoundly unsettling ways, with the tragedy of suicide. As the authors note in their introduction, sometime during their career, up to 50% of psychiatrists and 25% of clinical psychologists will have at least 1 patient commit suicide. As described in the chapter "In the Wake of Suicide: Survivorship and Postvention," clinicians are often overlooked survivors of a suicide. The impact of a patient's suicide is profound and will reverberate throughout that psychiatrist's career and may lead to avoidance of treating suicidal patients in the future. I believe that the book would have been strengthened by a more extensive discussion of the interpersonal dilemmas confronting the clinician who is treating a suicidal patient and some greater exploration of the intrapsychic struggles faced by the clinician in these circumstances.

This excellent volume is a fine resource for information about all aspects of suicide. The authors stress that the clinician's countertransference is frequently a factor in the patient's suicide. As a psychiatrist educator, I have the strong impression that many training programs have their own educational "countertransference" to psychiatric teaching about suicide. I hope that this volume will help us to provide our students with more thorough training in the understanding, assessment, and treatment of suicide.

David I. Joseph, M.D.

District of Columbia Department of Mental Health/
St. Elizabeths Hospital
Washington, D.C.

Posttraumatic Stress Disorder: Diagnosis, Management, and Treatment

*edited by David Nutt, D.M., M.R.C.P., F.R.C.Psych.;
Jonathan R. T. Davidson, M.D.; and Joseph Zohar, M.D.
Martin Dunitz, London, England, 2000, 272 pages, \$69.95.*

With contributors from 7 countries and more than 15 institutions, this book attempts to cover recent insights into posttraumatic stress disorder (PTSD) from many vantage points. It begins with DSM-III, when the disorder was first formally defined, takes a biopsychosocial journey through state-of-the-art treatment methodologies, and attempts to map the future course of this complex affliction.

The first part of the book defines the disorder and guides practitioners through its relatively taxing DSM criteria, helping practitioners better identify PTSD in clinical settings. It also highlights civilian-type PTSD, which is often ignored because many patients may not spontaneously reveal their traumas.

The endocrinologic and neuroanatomic aspects are discussed next, including an intriguing theory regarding stress hormone dysregulation. A later chapter tackles the current neurotransmitter knowledge base and future psychopharmacologic trends, when neurotropic factors and neuropeptides are expected to take center stage. The authors also lend their support to newer serotonergic agents as first-line drug treatments.

While various psychosocial treatments are known to be of value in helping PTSD patients recover and adapt, one chapter reviews current literature and concludes that little evidence exists to recommend a specific approach at this time. Similarly, psychological debriefing, with its advantages and pitfalls, is objectively examined as a potential preventive measure.

Some noteworthy inclusions: a discussion of the special nature of PTSD in children, whether from sudden, acute disasters or chronic abuse; a section on PTSD and "traumatic grief," which the authors believe is a complicated, maladaptive bereavement that could be included as a disorder in future editions of the DSM; and, in keeping with the book's international flavor, a chapter on ethnocultural influences affecting the development and expression of the disorder.

This is an entertaining and informative read that is little over 200 pages long. While the lack of clear-cut findings or recommendations may be frustrating to some, it is important to remember that PTSD is a heterogeneous disorder not easily reduced to simple concepts. Until advanced research yields more wisdom, I recommend this book to advanced trainees and mental health professionals in the field.

Richard G. Farmer, M.D.

University of Tennessee College of Medicine
Memphis, Tennessee

The Primary Care Physician's Guide to Common Psychiatric and Neurologic Problems: Advice on Evaluation and Treatment from Johns Hopkins

*edited by Phillip R. Slavney, M.D., and Orest Hurko, M.D.
Johns Hopkins University Press, Baltimore, Md., 2001,
236 pages, \$49.95, \$19.95 (paper).*

This handbook is intended for primary care physicians as a quick, concise guide to the evaluation and management of neurologic and psychiatric conditions that commonly present in primary care settings. The book is divided into 2 large sections corresponding to the major disciplines covered. Each section is further divided into major problem areas rather than diagnostic categories. The writing is clear, concise, and thoughtful, including clinically essential information pertaining to epidemiology, etiology, presentation, diagnosis, and treatment. Discussions are not exhaustive, and may seem incomplete to specialists, but the material covered is wisely selected and pertinent to everyday primary care practice. The editors are to be commended for assembling a fine group of authors who for the most part write with consistent voice and quality.

Is this book of interest to psychiatrists? The psychiatric chapters, "Sadness," "Nervousness," "Forgetfulness," "Unrealistic Concerns About Health," "Suicidal Thoughts," and "Dependence on Alcohol or Drugs," are good topical overviews and may be helpful for those who do not frequently encounter one or more of these presentations. The book has even greater value to the psychiatrist who frequently consults to or teaches primary care clinicians. Mark Teitelbaum's chapter on "Unrealistic Concerns About Health" is particularly excellent in covering this challenging area of shared psychiatric and general medical practice.

Nevertheless, the intended audience is primary care physicians, and from the psychiatrist's point of view, much material is left out. Abbreviated discussions of treatment options are not adequate for the specialist who sees treatment-resistant patients. Legal and ethical issues that arise in caring for suicidal patients are not addressed, and the differential diagnosis of somatoform disorders is not here. Dynamic psychiatry in general and psycho-

therapy in particular are given short shrift. The primary care clinician is offered little guidance in the selection of a particular mental health clinician: the only comments presented reflect the sadly common observation that few psychiatrists provide psychotherapy.

The neurology chapters cover the screening neurologic exam and common neurologic complaints: "Weakness," "Numbness or Tingling," "Back Pain," "Headache," "Dizzy Spells," and "Tremor." The utility of the book will depend on the type of patients one commonly encounters and the frequency with which one must initiate evaluation and triage of such patients.

Consultation-liaison psychiatrists may find these sections of particular interest, as will those neuropsychiatrists eager to maintain skills at the boundary of their field. Again, the level of detail is oriented to the busy primary care clinician and may feel inadequate to the psychiatrist looking for a refresher, especially if one's interests lie in the neuropsychiatry of psychiatric presentations.

John D. Wynn, M.D.

Private Practice in Psychiatry
Seattle, Washington

The Mental Health Consequences of Torture (Plenum Series on Stress and Coping)

*edited by Ellen Gerrity, Ph.D.; Terence M. Keane, Ph.D.;
and Farris Tuma, Ph.D. Kluwer Academic/Plenum Publishers,
New York, N.Y., 2001, 375 pages, \$49.50.*

This book reviews scientific information and discusses the related policy, legal, and personal issues in an attempt to answer a fundamental question: how the experience of individual torture, large-scale massacres, religious or ethnic cleansing, death squads, the disappearance of loved ones, and random war-related violence affects individuals, families, and societies.

The book has 21 chapters organized into 6 parts. While most of the book is a review of the empirical literature on a number of relevant topics, chapter 3 reviews the mental health research work that focuses directly on survivors of torture. Research has been conducted on the scope and effect of torture and the role of risk and protective factors. Outcome studies have focused on a variety of measures, including posttraumatic stress disorder, other psychological disorders and outcomes, neurobiological findings, cognitive outcomes, physical health, and economic, disability, and social consequences. Recommendations for future research are included in this section and throughout the book. Next, psychosocial, neurobiological, and economic models for examining the etiology, course, treatment, and prevention of the consequences of traumatic stress, including torture and related violence and trauma, are discussed. Chapter 4 outlines some of the major psychological and psychosocial models that have been used to examine and conceptually understand the consequences of traumatic stress.

Chapter 5 briefly reviews the literature concerning trauma-related neurobiological research and presents several useful models from animal and human studies. Recently, medical researchers have identified a range of neurophysiologic disorders associated with traumatic stress, including disorders of the hypothalamic-pituitary-adrenal axis, the prefrontal dopaminergic system, the locus ceruleus noradrenergic system, and the thyroid gland and hippocampus. Chapter 6 on economic models discusses the health effects of torture from the perspective of the cost to society and the economic burden of disease, disorder, and disability. While it is unusual in psychological literature to discuss life and health in economic terms, this perspective is

inherently valuable in developing comprehensive and humane public health policy.

Chapters 7 to 15 review several relevant bodies of literature on violence and trauma in the following order: refugees and asylum-seekers, veterans of armed conflicts, former prisoners of war, and victims of Holocaust trauma, rape and sexual assault, homicide and physical assault, war-related trauma, domestic violence, and child trauma. Included is a review of the scientific literature related to exposure, effects, risk, and protective factors and recommendations for future research.

A discussion of the complex and challenging assessment and intervention issues follows in chapter 16. Examining interventions at various levels (e.g., individual, communal, and societal) that have been successful for survivors of other types of traumatic experiences has the potential to benefit torture survivors, who are also at risk of developing a range of psychobiological, emotional, behavioral, and social difficulties following the torture experience. Measurement issues are discussed in chapter 17, which emphasizes the numerous procedural and psychometric challenges in this area of study.

Chapter 18 focuses on mental health services delivery models that are relevant to the treatment of survivors of torture. Chapter 19 presents research and clinical findings and addresses the complex challenges of providing care when caregivers are confronted each day with often horrific human experiences, as well as the difficulties of developing appropriate treatment with limited resources.

How public policy and the law can influence the lives of survivors and those who care for them is reviewed in chapter 20, which presents research findings regarding public policy and legal approaches to addressing the needs of survivors, with a particular emphasis on the role of reparation and restorative justice for survivors. Finally, chapter 21 summarizes selected research findings reported in the book to point to directions for further work.

This book is a testament to the strength and will of the survivors of torture and the determination of people at large to undo the harm inflicted by torture. It is an outstanding contribution to the scientific field and an exceptional tool for clinicians, researchers, legislators, and policy makers all over the world.

Zia U. Wahid, M.D.

Meharry Medical College
Nashville, Tennessee

Manual of Nursing Home Practice for Psychiatrists

*by The American Psychiatric Association Council on Aging
Committee on Long-Term Care and Treatment of the Elderly.
Edited by James A. Greene, M.D., and Pierre Loebel, M.D.
American Psychiatric Association, Washington, D.C., 2000,
114 pages, \$24.50 (paper).*

Geriatric psychiatry is a rapidly evolving field that plays an extremely significant role in the overall medical care of older adults. At the same time, the long-term care industry has been undergoing significant change dictated by evolving payment structures. Medicare provides extensive oversight and helps determine both the practice of geriatric psychiatry and the role of the geriatric psychiatrist within the long-term care facility. As a result, the psychiatrist who functions successfully in a long-term care setting must possess substantial knowledge of geriatric medicine, geriatric psychiatry, government regulations, finances, and ethics. This knowledge must then be applied in the context of the closed social structure that exists in each long-

term care facility. This manual is intended to give those who provide psychiatric services in this complex environment a detailed road map. Like any good map, it gives clear direction and avoids unnecessary distractions. The discussion is organized around 5 areas: (1) clinical, (2) regulatory, (3) financial, (4) legal and ethical, and (5) future perspectives.

Since the manual is intended to be a practical guide rather than a definitive textbook, the discussion of clinical considerations is strongest when discussing the role of the psychiatrist in the nursing home setting. The clinical section does not attempt to give an exhaustive discussion of psychopharmacology or medical interventions. An interesting discussion of sexuality in the nursing home is also included.

The regulatory section discusses the Omnibus Budget Reconciliation Act (OBRA) and the Minimum Data Set. The text does a good job of reducing these complicated federal rules to language that a nonlawyer can easily understand. Since these 2 pieces of legislation frame many of the interventions that are requested from physicians who deal with psychiatric issues in the nursing home, this part of the manual is "must reading" for someone who is planning to practice in this setting. The review is equally useful for the experienced practitioner because of its straightforward, uncomplicated approach.

Successful clinical interventions may relieve significant pain and suffering for the nursing home patient but are often minimally compensated. Coding and reimbursement in the long-term setting is a minefield that has fatally wounded many well-intended practitioners in this environment. Because of the reduced compensation for psychiatric services, it can be challenging to make nursing home practice work financially. The manual does not back away from these cold hard facts. However, there is a chapter on contracting with nursing homes that considers the psychiatrist's role as a potential nursing home medical director. This section leaves practical suggestions about how a psychiatrist can have a financially viable nursing home practice. A discussion about research in the nursing home may have also been useful in this context.

Attorneys have been soliciting lawsuits from relatives of nursing home residents and have found the decreased funding and resulting reduced services at a number of facilities to provide fertile ground to market their services. The section on legal and ethical issues details most of the common concerns that face caregivers in the nursing home setting. A practitioner who follows the suggestions of this chapter will have the beginnings of a successful risk management program. Nonetheless, some more definite suggestions on how to manage risk in the nursing home would have been useful.

The appendix is perhaps the most useful portion of the text. It contains reprints of some of the most practical scales used in nursing home practice. Standardized instruments can mark real clinical change in nursing home patients. These same instruments also serve as partial documentation of the clinical care rendered, thus meeting some of the regulatory requirements.

This small manual is practical and to the point. It should be required reading for every fellow in geriatric psychiatry. Even experienced practitioners might be expected to occasionally carry it to the nursing home to use as a ready reference regarding issues not usually discussed in standard textbooks of geriatric psychiatry. The information in this text embodies the basic tenets for all those who intend to carry on some aspect of practice within the long-term care facility and survive financially. It is truly a "how-to" book in the best sense of the words.

Joseph Kwentus, M.D.
Medical and Scientific Services, Quintiles
Cranford, New Jersey

Principles and Practice of Psychopharmacotherapy, 3rd ed.

by Philip G. Janicak, M.D.; John M. Davis, M.D.;
Sheldon H. Preskorn, M.D.; and Frank J. Ayd, Jr., M.D.
Lippincott Williams & Wilkins, Philadelphia, Pa., 2001,
700 pages, \$120.00.

Principles and Practice of Psychopharmacotherapy is an updated version of a popular and practical psychopharmacology text. A significant foreword is provided by Jonathan O. Cole, M.D. The book begins by outlining the general principles and diagnostic and monitoring techniques used in psychopharmacotherapy, as well as the use of laboratory testing in patients undergoing pharmacotherapy. Chapter 2 provides a thorough review of research design and off-label use of agents together with contemporary issues such as polypharmacy and phases of treatment. Chapter 3 reviews pharmacokinetic principles—perhaps one of the best explanations available for the clinical implications of pharmacokinetic factors—including drug interactions, gender differences, the impact of disease, and the physiologic effects of aging. Chapters 4 and 5 address the indications and use of anti-psychotic agents with treatment strategies for newer agents such as ziprasidone, loperidone, and aripiprazole. These chapters are followed by chapters outlining the indications and use of anti-depressants as well as strategies useful in treating refractory depression. Other treatment modalities potentially useful with major psychiatric syndromes are thoroughly addressed beginning with chapter 8. The electroconvulsive therapy discussion, including indications, uses, and applications in special populations, is especially refreshing. Experimental treatments are outlined with great detail, emphasizing the potential for future use.

The older generation antimanic agents lithium, valproate, and carbamazepine are discussed thoroughly, while the newer agents, oxcarbazepine, topiramate, lamotrigine, gabapentin, and others, are not specifically addressed. Additionally, the use of the atypical antipsychotics is not outlined within the chapters pertaining to bipolar disorder; however, strategies using miscellaneous agents as well as treatment strategies for refractory patients and management of bipolar disorder in pregnancy are thoughtfully considered. Chapter 11 begins a concise discussion of the anxiolytics and sedative hypnotics with applications to sleep disturbance, generalized anxiety, and phobia. The discussion of "natural remedies" is superb and timely considering their popularity.

The book concludes with "Assessment and Treatment of Special Populations," i.e., pregnant and lactating women, women with premenstrual dysphoric disorder, children, geriatric patients, and patients with personality disorder receiving pharmacotherapy. The approach to death and dying and pain management is also briefly outlined.

The book is chock-full of tables, figures, and text blocks that clearly summarize important information. Appendices are provided to illustrate the use of diagnostic nosology in the clinical assessment of patients who are potential candidates for psychopharmacotherapy.

Overall, this work represents a scholarly approach to the field of psychopharmacology with tremendous scope, depth, and ability. The organization of the book makes it a useful reference text, but it is also appropriate for the beginning resident. The text's etiologic approach highlights the neurobiology of disorders and underlying genetics, making this a highly enjoyable and contemporary work. Additionally, clinicians will find this book comprehensive and useful in their everyday practices.

David G. Folks, M.D.
University of Nebraska College of Medicine
Omaha, Nebraska