

## Book Reviews

Michael H. Ebert, M.D., Editor

### **The Clinical Neuropsychiatry of Stroke**

by Robert G. Robinson, M.D. New York, N.Y.,  
Cambridge University Press, 1998, 491 pages, \$95.00.

It is rare nowadays for a single investigator to represent an entire field of clinical inquiry. This is what Robert G. Robinson has accomplished regarding neuropsychiatric disorders seen after stroke, with invaluable help from several international collaborators. Robinson's effort has opened up the area of inquiry, defined most of the essential questions, and provided some of the initial answers. Thanks to his work, we know more about the cerebral basis of emotion and have developed an initial understanding of the neuropsychiatric disorders that patients develop after stroke, their impact on the patients themselves, and their treatment. Robinson's work in poststroke depression in particular is seminal and has earned him widespread recognition in the international psychiatric and neuroscience communities.

Robinson's work is at the core of *The Clinical Neuropsychiatry of Stroke*. This handsome volume provides a comprehensive synthesis of his research integrated into the world literature on the topic. It is well written by Robinson himself in a clear, succinct, and thoroughly organized style. Figures and tables are used extensively throughout the book's 42 chapters. The references are complete, and the index is wide-ranging. Robinson's patience, completeness, and fairness are obvious throughout. He presents all the evidence on individual issues, even if at times it does not agree with his own point of view.

Chapters 1 through 4 (Part I) define the issue at hand, provide a historical overview, and review essential aspects of the brain's vascular anatomy and the cerebral basis of emotion. This section is a particularly useful review for any neuropsychiatric clinician. Chapters 5 through 23 (Part II) represent one of the best syntheses of poststroke depression I have read. Chapters 24 through 29 (Part III) review poststroke mania, followed by chapters 30 through 34 (Part IV) on poststroke anxiety disorders. The volume concludes with chapters 35 through 41 (Part VI) on the less well-studied catastrophic reaction, apathy, irritability, aprosody, and pathologic laughing and crying. The final chapter (42) presents a summary and conclusions.

*The Clinical Neuropsychiatry of Stroke* is a scholarly, encyclopedic monograph that epitomizes a body of knowledge essential to psychiatry. Researchers, clinicians, and teachers in psychiatry and the neurosciences will find it an invaluable reference in their daily activities. Students new to the field will benefit from reading it as a primer. Professionals in related disciplines, neurology in particular, will also find this book useful as a primer and as a rare example of a psychiatric volume with direct relevance to their day-to-day work.

The most enduring contribution of this book, and of the work that it represents, is that it defines a basic, wide-reaching, methodical approach to clinical inquiry, with broad application in neuropsychiatry and applied neuroscience. It is because of

this that the book is destined to become a classic. Robinson's method will be (already is being, in some cases) emulated by others in defining the clinical neuropsychiatry of a range of brain disorders, including Huntington's disease, Alzheimer's disease, Parkinson's disease, acquired immunodeficiency syndrome (AIDS), traumatic brain injury, multiple sclerosis, and others. This emulation of his work will further enlighten our understanding of brain-mind-behavior relationships. It will also provide critical information to the everyday care of patients who suffer from these complex chronic brain diseases and who are frequently more devastated by their neuropsychiatric symptoms than by the defining neurologic features of each condition. This book is a must for every psychiatrist's library.

**Constantine G. Lyketsos, M.D., M.H.S.**

Johns Hopkins Hospital  
Baltimore, Maryland

### **Mood Disorders: Systematic Medication Management**

edited by A. John Rush, M.D. Basel, Switzerland, Karger,  
1997, 262 pages, \$224.50.

Two types of psychopharmacology books typically adorn the shelves of the psychiatrist's office. There is the heavy, authoritative textbook and the lighter, faster-access handbook. The former has all the details, although some of them may be out of date by the time the formidable tome reaches the bookstore shelves. Its size makes it more cumbersome to use, and its price makes it difficult to replace. The latter, usually in paperback or spiral form, tends to be current, practical, and portable, but lean on the kind of data needed to practice "evidence-based" medicine.

The goal of *Mood Disorders: Systematic Medication Management* is to "synthesize the available scientific evidence and relevant clinical experience . . . to recommend medication guidelines or decision trees for particular types of mood disorders" (Preface, p. vii). To accomplish this, editor A. John Rush has assembled behind the unassuming cover of this "mid-sized" volume some of the world's experts in the use of somatic therapies for the treatment of mood disorders. Because the subject is limited to mood disorders, the reader is treated to a very thorough review of the basis for different therapies in a book that can be read cover to cover in a few sittings. Most of the authors deal head-on with issues that are a daily part of the practice of psychopharmacology but always seem to get short shrift elsewhere, for example:

At what point does one call a treatment trial a failure?

What does one do next, augment or switch?

How long should one continue treatment after a good response?

The book's 15 chapters announce clearly what will be covered, as in "Augmentation Strategies for Treatment of Unipolar Major Depression" and "Selection of Initial Treatment for Bipolar Disorder, Manic Phase." Although 30 authors contributed to the book, hailing from the United States, Europe, and Japan, the writing style is uniformly clear and concise. There is surprisingly little redundancy. When 2 chapters do cover some of the same material, as in the "Augmentation Strategies" and "Switching Strategies" chapters, the reader benefits from being provided the experts' slightly different takes on the subject. Occasionally, authors disagree, for example on the topic of the strength of the data supporting lithium augmentation of the serotonin reuptake inhibitors.

The chapters are almost all scholarly reviews, with 50 to 100 references and critical appraisals of the studies referenced. Tables are used effectively to compare findings of multiple studies. The book never loses sight that clinical experience rarely mimics research results. Nierenberg and Mulroy remind the reader:

Researchers recruit subjects, and clinicians treat patients. . . . Subjects tend to be highly motivated and compliant with treatment. Patients, in contrast, present for treatment because of distress. Their syndromes do not necessarily fit into neat categories, and they can have many comorbid conditions (p. 17).

A later chapter deals exclusively with "the patient factor" in discussing issues such as patient expectations and compliance. How refreshing it is to read, in such a scientific offering as this book,

For [in] medical decision-making in treating depression, just as in any other disorder . . . the patient's illness concepts and treatment expectations deserve special attention before any treatment recommendations are made. This should also give due regard to relevant personality dimensions (e.g., whether individuals need to be in control and retain control, or whether patients need to entrust themselves to an authority figure and feel taken care of) (p. 196).

The title of the book notwithstanding, there are chapters devoted to nonmedication treatments including electroconvulsive therapy (ECT) and light therapy. The latter chapter is a fine review of the topic, which covers issues such as study design problems, parameters for treatment, and treatment contraindications. That the chapter on ECT by Dr. Fink, one of the preeminent figures in the field, is comparatively incomplete is probably a consequence of the author's trying to accommodate readers who do not practice the procedure. Consequently, important topics such as electrode placement, number of treatments, maintenance ECT, and effects on memory are not addressed.

The 2 chapters that deal with special populations cover areas which deserve their own volumes. Depression in patients with medical illness simply cannot be covered adequately in 13 pages. This chapter reviews in too cursory a manner such complex issues as diagnosis of depression in the medically ill, medications associated with depression, and the relationship between various diseases and depression. The chapter "Treatment of Depression in the Elderly" seems to hearken from days of yore. The only antidepressants discussed are the tricyclic antidepressants and monoamine oxidase inhibitors; guanethidine is described as an antihypertensive "commonly taken by the elderly." Statements such as, "Because the elderly commonly have diminished intellectual ability or memory disturbances . . ."

(p. 189) are misleading to psychiatrists who do not treat this population regularly and thus do not know better.

For the most part, *Mood Disorders: Systematic Medication Management* succeeds in its mission. Its best chapters help the clinician apply the latest research in mood disorders to the tough clinical situations that dominate the workload of the psychopharmacologist of today. Make room for it between that dog-eared handbook and dusty textbook.

**Eran D. Metzger, M.D.**

Hebrew Rehabilitation Center for Aged  
Boston, Massachusetts

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### Personality Disorders in Modern Life

by Theodore Millon, Ph.D., and Roger Davis, Ph.D. New York, N.Y., John Wiley & Sons, 2000, 581 pages, \$55.00.

Theodore Millon has long been at the forefront of the study of personality disorders. His thinking was instrumental in the delineation of the Axis II disorders for DSM-III, DSM-III-R, and DSM-IV. This latest volume, written with his colleague Roger Davis, reflects his usual encyclopedic grasp of the field. The authors devote a chapter to each of the Axis II disorders in DSM-IV as well as provide additional chapters on personality disorders found in the appendix to DSM-III-R and DSM-IV, including depressive personality, negativistic personality, masochistic personality, and sadistic personality disorders.

One of the great virtues of Millon's thinking is his approach to the understanding of personality disorders from an integrative-synthetic perspective. Rather than polarizing the different viewpoints of personality, he and Davis see value in all of the conceptual models and draw from each to create a comprehensive overview of each particular personality disorder. In a typical chapter, a disorder is examined from the psychodynamic, cognitive, interpersonal, and biological perspectives. The authors then attempt a biopsychosocial-evolutionary synthesis. They also include the spectrum from normal to abnormal for each personality disorder, a brief historical overview, and therapeutic considerations.

Psychiatrists familiar with personality disorders may find the text too elementary. As the authors state in their introductory comments, the target audience for this text is advanced undergraduates and beginning graduate students. The prose style is clear and readable and should be understood by educated lay readers as well. However, for psychiatric clinicians and researchers, the sections on treatment may be too schematic to be useful as a clinical handbook. A detailed exposition of the growing literature on pharmacotherapy for borderline personality disorder will not be found in this volume. Neither will the reader find a full-bodied discussion of the complexities of transference and countertransference with such patients.

Nevertheless, I would heartily recommend the book as an introductory text for students in the mental health professions. I also think that patients and families who are hungering for more information about personality disorders would do well to start with this book as a way of educating themselves.

**Glen O. Gabbard, M.D.**

The Menninger Clinic  
Topeka, Kansas