

Book Reviews

Michael H. Ebert, M.D., Editor

Drug Action in the Central Nervous System

by Paul M. Carvey, Ph.D. New York, N.Y., Oxford University Press, 1997, 416 pages, \$57.50; \$29.95 (paper).

One has to admire an author who sets out on the lone journey to master the vast territory of the central nervous system. Most would take the safer, well-traveled road of editing a textbook with multiple contributors. There are risks to both formats—the first format has the potential to produce factual errors because of the enormity of the knowledge base; the second format can lead to a choppy, uneven, unreadable textbook. The current publication takes the single-author approach and succeeds impressively. Carvey has written a comprehensive, informative, and accurate textbook that provides an overview of central nervous system pharmacology that will serve medical students, residents, and practicing psychiatrists who want an overview of recent advances in neuropsychopharmacology. I have used the text in my teaching for all 3 groups, and it appears to work best for preclinical medical students and practicing psychiatrists who want a concise overview of the recent advances in the basic sciences that are relevant to psychiatry and neurology.

The book follows a pharmacocentric approach, one that psychiatrists of my era grew up with, but one that has recently fallen in disfavor as the technology of molecular biology and functional imaging have matured. The pharmacocentric approach, which makes inferences about diseases based on the known actions of therapeutic agents, has the advantage of powerful intuitive appeal to medical students and practitioners. The disadvantage of such an approach is that it can limit full understanding of pathophysiology (e.g., if dopamine antagonism is the mechanism of action of neuroleptics, why should we study glutamate in schizophrenia?). Carvey avoids the reductionism that often results from the pharmacocentric approach. For example, he points out that dopamine cannot explain everything about schizophrenia if typical antipsychotics are only effective against positive symptoms and not negative symptoms of the disease. Similarly, while providing a clear overview of the effects of benzodiazepines at the GABA-A receptor, he discusses possible effects of benzodiazepines on adenosine. He also ties the biological effects of different anxiolytic classes to effects at the amygdala and related neural circuits.

The book is organized into 3 introductory chapters that provide an overview of drug pharmacokinetics and pharmacodynamics. The introductory sections are followed by chapters on opioids, headache therapy, sedatives, anesthetics, antiepileptics, movement disorders, antipsychotics, antidepressants, and drugs of abuse. The focus of each chapter is the basic pharmacodynamic principles underlying the action of the specific drug class. As a consequence, some psychiatrists may find the discussion of agents that are very familiar to them (e.g., antipsychotics) too superficial, but other sections, such as headache therapy, movement disorders, and antiepileptic treatments, provide solid basic information that most psychiatrists will value.

I now have about a year's experience using this textbook with students, residents, and practicing physicians. The introductory chapters provide one of the best overviews of receptor pharmacology for beginning students and clinicians. It would make an outstanding core textbook for first- or second-year medical students. Residents and practicing clinicians will also benefit from a review of the basics, but may appreciate most the chapters on drugs that they prescribe less frequently than antipsychotics or antidepressants. As the practices of neurology and psychiatry converge, advances in our knowledge of epilepsy, sleep disorders, and movement disorders are relevant to the general psychiatrist. This textbook will provide the clinician with the essential knowledge of drug actions that provides the basis for rational prescribing.

Domenic A. Ciraulo, M.D.
Boston, Massachusetts

Smoke and Mirrors: The Devastating Effect of False Sexual Abuse Claims

by Terrence W. Campbell, J.D., Ph.D. New York, N.Y., Insight Books, Plenum Press, 1998, 338 pages, \$25.70.

Are you concerned that there is a hysterical panic about sexual abuse? That ridiculous rumors about satanic abuse are running out of control? That clinicians who evaluate children allegedly traumatized by sexual abuse indoctrinate their interviewees? That many children fabricate allegations of abuse? That charlatan play therapists coerce their young patients into believing they have been sexually abused? That people exposed to trauma do not forget what happened to them? That repression is a bit of warmed-over Freudiana for which there is no evidence? That wronged patients and parents are rightly striking back against misguided therapists who have implanted in them false memories of abuse? That psychological symptoms result from here-and-now problems and not from bogus conflicts rooted in an imaginary past? That the myopic guilds of professional psychology perpetuate these myths for venal reasons? If so, this is the book for you.

The author begins with a racy review of several egregious court cases concerning the alleged sexual abuse of groups of children. The outraged tone of the text is conveyed by headings in the chapters, for example, "The Scales Hang . . . and Then Tip," "Justice Delayed," "Can You Top This," "Question: Why Does the Lady of Justice Wear a Blindfold? Answer: Too Often She Can't Bear to Look."

Here and there, in the course of his polemic, the author makes some useful points. He criticizes evidence based on prospective "indicators" of child sexual abuse (high sensitivity but low specificity), recommending to defense attorneys a line of cross-examination that ought to demolish any witness rash enough to rely upon "the child sexual accommodation syndrome," the

Sexual Abuse Legitimacy Scale, or the like. He describes how interviewer bias, therapeutic stereotyping, and other errors can induce child interviewers and adult patients to believe their own or therapists' fantasies. However, the objectivity of his arguments is vitiated by the pejorative headings with which the text is larded (e.g., "Bait-and-Switch Tactics," "Blame-and-Change Maneuvers").

The author gives several examples of how he personally averted horrible injustices by prevailing in court over incompetent, biased, so-called experts and how, on appeal, as a result of his testimony, inexperienced judges' rulings were overturned. At one point, he interviews his elderly father, a retired army psychologist, to confirm his preconception that World War II air force men never forgot memories of traumatic events unless they were either concussed or guilty about what they had experienced.

The author specializes in family and forensic psychology. He is a member of the Scientific and Professional Advisory Board of the False Memory Syndrome Foundation of Philadelphia. His book is yet another example of how opinions in this arena have become unscientifically polarized. For that reason, it cannot be recommended.

Barry Nurcombe, M.D.
Brisbane, Queensland, Australia

**Attention-Deficit/Hyperactivity Disorder:
A Clinical Guide to Diagnosis and Treatment for
Health and Mental Health Professionals, 2nd ed.**

by *Larry B. Silver, M.D.* Washington, D.C., American
Psychiatric Press, 1999, 280 pages, \$29.95.

This book is an interesting and informative one for undergraduate and graduate students and allied mental health and health professionals to add to their libraries or reading lists. It addresses issues of attention-deficit/hyperactivity disorder (ADHD) in children, teens, and adults in an easy-to-read fashion. Basic understanding of ADHD, including its hypothesized etiologies, clinical presentation, diagnosis and assessment, and associated conditions, is presented in the first 9 chapters. The chapters "Educating the Individual and the Family," "Psychopharmacology," "Behavioral Management," and "Relevant Education and Civil Laws" should be especially useful to the reader. Interesting but very limited is the chapter on ADHD in adults. The list of organizations to turn to for help or information is of great benefit to those needing such assistance.

Notable inclusions and exclusions are of concern. Describing learning disability as the "most common cause of hyperactivity, distractibility, and/or impulsivity among children, adolescents, and adults" and ADHD as the least frequent cause without documentation or citation is one example. Other examples requiring support relate to the role of neurotransmitters in ADHD and related disorders and dosages of certain medications. Noticeably absent is mention of the evolving relationship between bipolar disorder with other affective disorders and ADHD, the current psychopharmacologic treatment of bipolar disorder with anticonvulsant medication, work on the social

ecology of ADHD, and sophisticated studies utilizing imaging techniques.

Practical advice in the use of stimulant medications is a major strength of the book. However, the reader must be alert to deficiencies in this area as well. Recent warnings about adverse drug reactions are underplayed, e.g., irreversible liver damage with pemoline. Less common reactions, e.g., seizures with methylphenidate or rapid titration of bupropion and the unmasking of Tourette's disorder with stimulants, are not mentioned. The recommendation for dextroamphetamine to be dosed to 80 mg/day or 20 mg q.i.d. is also of concern, since this is twice the recommended daily dosage of 40 mg, which is to be exceeded only in rare cases according to the manufacturer.

In summary, this easy-to-comprehend work should be valuable to folks needing basic information about ADHD. The concepts are presented in a readily understood fashion, often in the manner of a knowledgeable and highly experienced child and adolescent senior psychiatrist supervising or chatting with an associate. The book is notable for some errors in information and absence of references to a voluminous literature, which may have been omitted for the sake of space and simplicity. I recommend this guide for medical students, junior level health and mental health staff, and parents and teachers to use as a reference and to address their questions or concerns.

Theodore A. Petti, M.D., M.P.H.
Indianapolis, Indiana

Clinical Textbook of Addictive Disorders, 2nd ed.

edited by *Richard J. Frances, M.D., and Sheldon I. Miller, M.D.*
New York, N.Y., Guilford Press, 1998, 637 pages, \$65.00.

There are 3 types of textbooks in most medical disciplines. The first is "the heavy tome," the encyclopedic, multiauthored reference book that sets the standard in clinical practice and knowledge in a discipline. The second is the single-authored collection of "pearls" that are often particularly valuable to those starting in a new field. The *Clinical Textbook of Addictive Disorders* falls into the third category; it is sufficiently short to be manageable and is not overwhelming in the depth of treatment of the material, but is reasonably comprehensive. Although it is multiauthored, the editors have given considerable thought to its organization and provide a useful preface and introductory chapter that demonstrate their insight in this field. In addition, there are sections on historical context, diagnostic instruments, psychoactive substance disorders, treatment issues for special populations, and treatment selection and modalities. The authors of these chapters include many of the leaders of American addiction psychiatry and their junior colleagues.

For those who are preparing for their board examinations in addiction psychiatry, this textbook may serve as a study guide and starting point for a more detailed review. For general psychiatrists, the text includes sufficient detail to help them through most clinical situations they may face in daily practice.

Peter R. Martin, M.D.
Nashville, Tennessee