

Psychiatry, 3rd ed

edited by Janis L. Cutler, MD. Oxford University Press, New York, NY, 2014, 654 pages, \$84.00 (paper).

Our review of this text addresses 2 issues: (1) In this Facebook- and Twitter-dominated age, do we like it? and (2) Does it measure up to its stated intentions as “an introductory text that prepares medical students, physicians and other health professionals for the clinical task of working with psychiatric patients”? The answers are “Yes” and “Yes.” For reference, both reviewers are experienced in consultation liaison psychiatry, with Dr Harrington now the director of both a first-year course in basic sciences (psychiatry) and the clinical neurosciences (psychiatry) clerkship.

The writing style of the text is clear. The appropriate level of complexity makes *Psychiatry* potentially very appealing to the intended audience. Each chapter looks at the perplexing presentation of patients with psychopathology from the perspective of a naive but curious clinician, who has the option either to mess up the clinical encounter or to be very helpful. This text is *not* dull. Rather, it is liberally sprinkled with short but vivid case histories that artfully illustrate core clinical points. Most importantly, almost all the chapters take into account the ambivalence, puzzlement, overidentification, and potential clinical landmines facing third-year medical students on their clinical clerkships.

As a reasonably priced paperback, this volume should stand the test of time as a carry-forward psychiatric text for the 95% of medical students who do not enter the field of psychiatric medicine. The editor, Janis Cutler, MD, is the director of medical student education at the Columbia University College of Physicians and Surgeons. Almost all of her 38 contributors have some current, or perhaps past, association with Columbia. Interestingly, all chapters in this 606-page book, except for Cutler’s marvelous chapter “Psychiatric Assessment and Treatment Planning,” are multiauthored, and almost all with positive results.

The text is organized with a clear eye toward *DSM-5* classification but pays homage to *DSM-IV* for points of diagnostic clarification when needed. It would have been helpful if charts of *DSM-5* criteria were included in a consistent manner across chapters. Introductory chapters clarify the lack of full pathoetiologic understanding of psychiatric diagnoses without, importantly, making any apologies, and guide the reader toward establishing broad differential diagnoses, honed further with the help of data regarding the longitudinal course of symptoms.

Eight chapters are dedicated to major psychiatric disorders with follow-up chapters on common conditions, human development, and child and adolescent psychiatry. No textbook yet is without some flaws, and we point out a few in an otherwise sparkling effort.

The chapter on mood disorders includes very good clinical vignettes, although mentioning the mnemonic *SIGECAPS* might have been helpful. The chapter on psychotic disorders focuses on the important notion that psychosis is a syndrome occurring across cognitive, mood, and primary psychotic disorders with an excellent review of core mental status findings, although the section on catatonia is too brief.

The chapter on neurocognitive disorders, especially the section on delirium, needs to be more complete; only brief mention is made of the multiple causes of acute encephalopathies and their variable neurobehavioral presentations. An updated review of the evolving neurobiologic insights into, and the diagnostic tools and treatment options for, the dementias would strengthen this chapter.

The chapter on anxiety, obsessive-compulsive, and stress disorders contains many good clinical examples, but, surprisingly, there is no warning that abrupt withdrawal from sedative hypnotics can lead to anxiety, delirium, and seizures (p 177) nor mention that rapid withdrawal from caffeine can cause headaches (p 176). Nor is there mention that withdrawal of opioids may be followed for years by continuing urges to use (p 177). No mention is made of paranoia as a side effect in some individuals using cannabis (p 178).

The chapter on substance-related and addictive disorders contains no discussion of how the diagnosis of mild, moderate, or severe substance use disorder is based on number of symptoms. The statement that “cannabis use disorder is the most common reason that substance users enter treatment” (p 253) seems to fly in the face of reason, judgment, and experience.

The chapter on personality disorders is a highlight of the text. Tables and case scenarios detail pertinent examination findings of the various disorders and provide practical advice on management of these often challenging patients.

A chapter that should be read not only by all medical students but also by all practicing clinicians is on psychological factors affecting medical conditions. Covering 38 pages, this section takes the clinician through the emotional turmoil of patients impacted by, and coping with, medical illness.

The chapter on child, adolescent, and adult development is also a strength of the text, and it provides a thoughtful review of psychomotor, cognitive, and social milestones across the life cycle and across different theoretical constructs. The chapters on pharmacotherapy and electroconvulsive therapy and on psychotherapies are highlights of the text and offer the reader a pragmatic view of effective and evidence-based treatments. There are other chapters on suicide, violence, and child and adolescent psychiatry.

In summary, this is a charming and lively book. It is replete with well-constructed and relevant cases, making ample use of bold typeface to drive home clinical pearls. The editor’s aim is to prepare the reader for clinical encounters and the relevant testing that goes on in medical school. It is quite successful at both. We highly recommend Cutler’s *Psychiatry* as an excellent psychiatric text.

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