

## Book Reviews

Michael H. Ebert, M.D., Editor

### **Psychosocial Factors in Pain: Clinical Perspectives**

edited by Robert J. Gatchel, Ph.D., and Dennis C. Turk, Ph.D. New York, N.Y., Guilford Press, 1999, 510 pages, \$65.00.

Pain accounts for over 80% of physician visits. The importance of psychological factors has been demonstrated by the observations of Henry Beecher at the Battle of Anzio, experience with multidisciplinary treatment by John Bonica and Wilbert Fordyce, and formulation of the Gate Control Theory by Ronald Melzack and Patrick Wall.<sup>1</sup> This book places particular emphasis on chronic musculoskeletal pain such as low back pain, the most expensive benign medical condition in industrialized countries. In response to this problem, hundreds of pain clinics have been opened in the United States. Mainstream medical practitioners have been reluctant to refer patients to pain clinics, perhaps owing to overstated treatment results, skepticism about behavioral science, and barriers from managed care organizations and workers' compensation underwriters. Nevertheless, mind-body dualism has slowly been accepted by medical practitioners, in part owing to the disappointing responses to traditional treatment, the puzzling association between objective measures of tissue damage and the severity of pain symptoms, and the suspicion that some individuals are seeking environmental or secondary gain.

This book focuses on pain as a learned phenomenon and suggests treatment for inappropriate cognitive-behavioral, affective, and sociocultural responses. Patients should be encouraged to pursue productive activities and identify areas of concern and social/occupational dysfunction. Problems such as catastrophizing, wishful thinking, pain-contingent physical inactivity, and illness behavior should be identified and addressed. A sense of control through positive self-statements can be helpful. Distracting activities, on the other hand, appear to have little influence on adjustment to chronic pain. The chapters "Pain and Stress" by Melzack; "Coping with Pain" by Boothby, Thorn, Stroud, and Jensen; and "Pain Management in Primary Care" by von Korff are particularly enlightening.

In summary, *Psychosocial Factors in Pain* is a recommended addition to the library of any psychiatrist who works with injured workers and patients with medical illness. It is a comprehensive update of behavioral research and treatment. For those seeking an appreciation of the work of other specialists in the multidisciplinary pain clinic, I highly recommend anesthesiologist John Bonica's "gold standard," *The Management of Pain*, written in collaboration with psychologists Richard Chapman and Wilbert Fordyce.

#### REFERENCE

1. Melzack R, Wall PD. Pain mechanisms: a new theory. *Science* 1965;150:971-979

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### **Cost-Outcome Methods for Mental Health**

by William A. Hargreaves, Martha Shumway, Teh-wei Hu, and Brian Cuffel. San Diego, Calif., Academic Press, 1998, 242 pages, \$69.95.

The authors of *Cost-Outcome Methods for Mental Health* invite the reader to consider models for conducting treatment outcome studies more complex than traditional models generally utilized. For example, they acknowledge the plethora of research evaluating treatment efficacy within the well-controlled academic setting. However, these authors suggest that many other factors related to efficacy are in need of consideration, but are too often not formally integrated into research protocols (e.g., generalizing results to the community setting with variations in clinician expertise and populations served).

In addition to recommending broadening the scope of treatment efficacy, the authors also suggest that incorporating a cost-based analysis approach to outcome research will help facilitate more informed decision making about resource allocation. It is estimated that in the year 2000, health care will cost \$5551 per person annually with the mental health component accounting for a significant proportion of the dwindling health care resources.<sup>1,2</sup> It is not surprising, then, that in the current era of cost containment, there is heightened interest in determining how to best allocate these resources.

The text is divided into 10 well-organized chapters. While much of the material is technical, the case presentations at the beginning of each chapter help the reader in relating complex topics to relevant clinical, research, and training issues. In addition to the familiar topics of outcome research (e.g., validity, statistical power, random assignment), additional models of market analysis and economic theory are examined to provide a means to consider and evaluate often ignored costs such as staff time, laboratory tests, and diminished work productivity. One caution is that these concepts are addressed in language that may be better understood by mental health investigators who have some economic background or business training.

Specifically, chapters 1 through 3 introduce the reader to the concepts of cost-outcome research, treatment design, the scientist-practitioner gap, and economic principles that can drive cost-outcome research. Chapters 4 and 5 focus on methodologies for data collection and how analyzing such data can inform policy practices. Chapters 6 and 7 address ways to measure variation in service delivery across settings, manualized treatment options, and ways to analyze broader outcome measures such as overall health status, quality of life, and aspects of daily functioning. Chapters 8 and 9 review various approaches for analyzing aggregate data (e.g., multisite studies, multiple measures). Finally, chapter 10 outlines how cost-outcome research can better guide health care policy efforts.

In summary, this book would serve as an excellent resource for graduates and postgraduates involved in mental health outcome research. While many chapters are technical and dense in nature, this book was exciting to read in that it encouraged me,

as a scientist-practitioner, to consider innovative models for integrating fiscal responsibility with effective service delivery.

#### REFERENCES

1. Cockerham WC. *Medical Sociology*. 6th ed. Englewood Cliffs, NJ: Prentice Hall; 1995
2. Chiles JA, Lambert M, Hatch AL. The impact of psychological interventions on medical cost offset: a meta-analytic review. *Clin Psychol Sci Pract* 1999;6:204-220

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### **The American Psychiatric Association Textbook of Psychiatry, 3rd ed.**

*edited by Robert E. Hales, M.D.; Stuart C. Yudofsky, M.D.;  
and John A. Talbott, M.D. Washington, D.C., American Psychiatric Press, 1999, 1800 pages, \$195.00.*

If you are going to spend several hundred dollars on a textbook of psychiatry, you are entitled to expect a few things for your money. The third edition of the American Psychiatric Press textbook delivers a lot and is worth serious consideration for anyone who feels the need for a comprehensive reference book (which is about 2 years old when it hits the market.)

An all-star group of authors is one expectation more than met by the book. Each chapter heading is authored by a renowned expert (or experts) in the subject. For example, the schizophrenia chapter is written by Black and Andreasen; cognitive therapy is covered by Wright and Beck; and the chapter on hypnosis is written by Spiegel. The authors throughout are major contributors to our field.

In some cases, however, these world-class experts may have been a bit overcommitted and unable to spend enough time on the new edition. The first chapter is "The Neuroscientific Foundations of Psychiatry" by Coyle and Hyman. This chapter discusses the "rapidly increasing pace" of research on the brain in the past 20 years. Certainly this is a keynote for the book. Yet, very little has been changed in the new edition from the second edition. There is only one literature reference newer than 1993, and it is a 1995 reference. Surely there have been more advances in the rapid pace of research to discuss.

On the other hand, the chapter "Genetics" has been largely rewritten to include more updated information and literature references. The new chapter on epidemiology has an added section on the National Comorbidity Survey. Otherwise, it is essentially unchanged from the second edition.

The "Mood Disorders" chapter by Dubovsky and Buzan is entirely new and offers a real advance on earlier material. This 86-page section is both comprehensive and current. It covers topics from the role of second messenger systems to learned helplessness and also gives practical clinical advice. Similarly, the chapter on infancy, childhood, and adolescence by Popper and West is a thorough exposition of both basic and clinical science and what one expects from a world class reference book. In addition, there are several new chapters on topic areas including managed care, practice guidelines, neuropsychiatry, and primary care.

The book is dedicated to 2 great American psychiatrists, Shervert Frazier and Mel Sabshin. The final chapter by Sabshin is "The Future of Psychiatry." As might be expected, it is both challenging and wise, and I expect when one looks back from the future, it will have accurately predicted the course of developments.

If one already has a copy of the second edition of this excellent textbook then the decision to buy the new version might depend on interest in the new chapters and an assessment of their relative value. If one does not have the second edition, the third edition is as good a general reference text as is available.

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### **Camdex-R: The Cambridge Examination for Mental Disorders of the Elderly, Revised**

*by Martin Roth, Felicia A. Huppert, C. Q. Mountjoy, and  
Elizabeth Tym. New York, N.Y., Cambridge University Press,  
1998, 106 pages, \$160.00 (boxed set).*

The Camdex is a standardized structured interview for diagnosing common mental disorders of late life. It incorporates elements of the present state with past history and family history, emphasizing the cognitive examination. Physical examination, laboratory investigations, medication review, and clinical observations are part of the overall evaluation program. First published in 1988, this spiral-bound manual was created by Sir Martin Roth and colleagues from Cambridge University and derived from an article published in 1986 in the *British Journal of Psychiatry*. The Camdex system provides high interrater reliability, with high sensitivity and specificity of the cognitive exam. It has been well standardized and validated, and the present revised version incorporates a decade of experience.

There are 9 sections to the *Camdex-R* schedule. Section A is a structured interview that assesses sleep, mood, daily activities, and memory. A subsection specifically assesses paranoia and other psychotic features. The second section is a cognitive examination, again utilizing a structured interview format. In essence, it follows the format of the Mini-Mental State Examination, but is considerably expanded. Visual perception, abstract thinking, and passage of time are assessed in addition to the usual memory, orientation, and praxis functions. Additional parts of the *Camdex-R* are a schedule for the interviewer's observations and a structured family diagnostic interview. The manual provides inclusion criteria for diagnoses. American readers may find the term "paraphrenic psychosis" somewhat unfamiliar, although it is a particularly specific way of defining late psychotic paranoid experiences without resorting to the diagnosis of schizophrenia. The manual concludes with statistical information on the scoring systems and an excellent bibliography.

The *Camdex-R* is likely to be somewhat too comprehensive and detailed for the average office practitioner. The authors state that the administration of the subject's part of the interview can be completed in about 60 minutes for most patients, with an additional informant's section requiring 20 minutes. This time commitment is considerably longer than most office-based clinicians can devote to the cognitive assessment of an elderly patient. However, geriatric consultants and researchers are likely to find the Camdex extremely helpful and user-friendly.

A computer disk is included in the *Camdex-R* package to facilitate data entry scoring and analysis, and a spiral bound picture booklet for naming object recognition, visual reasoning, and recognition of famous people is also included. The authors have waived copyright on reproducing the Camdex schedule so that clinicians are free to photocopy the schedule and the answer sheets.

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